

Section A – To be completed by Staff Member	
NOTE: In addition to completing this form, you also need to submit an online postgraduate application form to be considered academically for your chosen programme of study.	
Name	Proposed Programme of Study
Proposed Supervisor (if known)	
I have received an offer:	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, what is your applicant number?	
Is your offer?	Conditional <input type="checkbox"/> Unconditional <input type="checkbox"/>
What is the proposed start date of study?	
Please include a copy of your Newcastle University staff contract (includes honorary contracts) with this form. <i>Honorary staff requesting staff fees are required to demonstrate evidence of a contribution of substantial, timetabled university teaching activities (e.g., lecturing) and/or a significant period (at least 6 months) of university based research.</i>	
HASS FACULTY ONLY: Please include a copy of your research proposal along with this application.	
Signed:	Date:

Section B – To be completed by Director of Institute / Head of School where applicant is employed	
NOTE: Please refer to the relevant regulations at www.ncl.ac.uk/regulations/docs/ and fee schedule http://www.ncl.ac.uk/internal/planning/funding/funding_index.htm	
Name	School/Institute
Is the applicant's current post a full-time and permanent position?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If not, please give details of employment and the likelihood of the appointment being extended:	
Please indicate the proportion of time which the applicant will be able to spend on his/her degree work:	
Staff member to be	Self-funded <input type="checkbox"/> Institute funded <input type="checkbox"/>
Fee Band if self-funding	
Staff member will be studying the higher degree	Full time <input type="checkbox"/> Part time <input type="checkbox"/>
I support the above application for candidature under Staff Fees	Yes <input type="checkbox"/> No <input type="checkbox"/>

Signed:	Date:
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Section C – To be completed by Director of Institute / Head of School where applicant is to study (if different from that in Section B)

Name		School/Institute			
I support the above application for candidature under staff fees for the named programme of study and recommend that the Dean of Postgraduate Studies of the Faculty approve the candidature proposed.				Yes <input type="checkbox"/>	No <input type="checkbox"/>
If not approved, please provide details of the decision below:					
Signed:			Date:		

STUDENTS IN THE FACULTIES OF HASS AND SAGE, RETURN THIS FORM TO:
RESEARCH STUDENT SUPPORT TEAM, LEVEL 2, KING'S GATE, NEWCASTLE UNIVERSITY, NEWCASTLE UPON TYNE, NE1 7RU or rssteam@ncl.ac.uk

STUDENTS IN MEDICAL SCIENCES, RETURN THIS FORM TO:
MEDICAL SCIENCES GRADUATE SCHOOL, 3RD FLOOR, RIDLEY BUILDING 1, NEWCASTLE UNIVERSITY, NEWCASTLE UPON TYNE, NE1 7RU or medpg-enquiries@ncl.ac.uk

Section D - To be completed by Dean of PG Studies in the Faculty where applicant is to study

Subject to an unconditional firmly accepted offer, I approve the above application.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Signed:		Date: