

**POSTGRADUATE RESEARCH APPLICATION**

**Section 1 (a to d): TO BE COMPLETED BY THE APPLICANT**

|  |  |
| --- | --- |
| Surname (family name) and title | |
| Forename(s) | |
| Previous surname (if applicable) | |
| Gender (male/female/other/prefer not to say) | Date of birth (dd/mm/yy) |
| Permanent/home address (including postcode) | |
|  | |
|  | |
|  | |
| Telephone number (daytime/work) | Telephone number (evening) |
| Mobile number | Email address |
| Nationality | Country of birth |
| If not born in the UK, what was your date of entry into the UK? | |
| Do you have any unspent criminal convictions? Yes / No | |
| Do you have a disability or any special needs? Yes / No  Would you like us to refer you to the relevant student support services for additional support? Yes / No  If yes, please provide full details in an accompanying letter. | |
| Have you applied to or been a student at the University of Chichester before? Yes / No | |
| Are you a member of staff at the University of Chichester? Yes / No  If yes, please give your job title and start date below. | |

**Section 1a**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Higher Education background (please list qualifications achieved and in progress)** | | | | | |
| **Name of University/College** | **Date from** | **Date to** | **Qualification** | **Subject(s)** | **Grade** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Section 1b: APPLICANTS FROM NON-MAJORITY ENGLISH SPEAKING COUNTRIES\***

|  |  |  |
| --- | --- | --- |
| Please indicate if you have taken an English language qualification below, giving dates and scores. | | |
| International English Language Test (IELTS) | Date Taken | Score |
| American Test of English (TOEFL) | Date Taken | Score |
| Other English language qualification (please specify) | Date Taken | Score |
| Have you been taught in English? Yes/No  If yes, please state number of years and at what level (e.g., UG/Masters) below. | | |
|  | | |

Majority English speaking countries, as approved by UKVI, are Antigua and Barbuda; Australia; The Bahamas; Barbados; Belize; Canada; Dominica; Grenada; Jamaica; New Zealand; St Kitts and Nevis; St Lucia; St Vincent and the Grenadines; Trinidad and Tobago; United States of America.

**Section 1c: RESEARCH DETAILS**

|  |
| --- |
| Name of Supervisor (if identified please also indicate below whether you have been in recent communication with the Supervisor): |
| Research Area (Delete as appropriate):  Business  Dance, Theatre and Fine Art  Music  Education  English and Creative Writing  Engineering, Computing and Mathematics  History and Politics  Childhood, Social Work and Social Policy  Sport, Exercise and Physical Education  Theology, Philosophy and Religion  Law |
| Title of your proposed research project: |
| **Research Proposal (max. 1,500 words, excluding references – please identify the key questions to be addressed in the research, methods of enquiry and if any special resources will be required)** |

# **Section 1d: INTENDED PROGRAMME AND FINANCIAL DETAILS**

|  |  |
| --- | --- |
| Please choose one of the following options: | |
|  | I require supervision to develop my research proposal through the pre-PhD |
|  | My research proposal is ready to be considered for MPhil/PhD registration |
| Intended course of study: MPhil PhD Pre-PhD only  Mode of study: FT PT Distance FT/PT | |
| Expected method of fee payment: | |
|  | Self-funded  University of Chichester Fee Waiver or Fee Bursary  University of Chichester Bursary (fees + stipend)  South Coast Doctoral Training Partnership studentship  Postgraduate Associateship Fee Waiver  Other (please provide details on a sponsorship form- click [here](http://www.chi.ac.uk/study-us/fees-finance/tuition-fees) for link to form, then click on ‘Downloads’) |
| Are you a recent\* University of Chichester undergraduate eligible for the Alumni discount: Yes / No  \*Within the last five years - To receive alumni discount, you must [register on the alumni community website](https://alumni.chi.ac.uk/) | |
| Have you been resident in the UK for the last three years: Yes / No | |
| Are you intending to apply for a visa: Yes / No | |
| If yes, please specify what type: | |
| Do you intend to request access to desk space/office accommodation (please note this is subject to further application and approval): Yes/No | |

**Section 1e: REFERENCES**

|  |
| --- |
| Please provide details of two referees that can comment on your preparedness for doctoral study, giving professional/academic e-mail addresses only. |
| Name of first referee:  Email address:  Postal Address: |
| Name of second referee:  Email address:  Postal address: |

|  |  |  |
| --- | --- | --- |
| **I have included the following documents:** | | |
|  | **Degree Certificate/Highest Academic Qualification (good copies are acceptable – certificates from the University of Chichester are not required, but original copies from other institutions will be required before, or at, registration)** | |
|  | **Curriculum Vitae** | |
| I certify that the information above is correct, and I understand that any false or misleading statement made on this form, or any failure to disclose information relevant to this application, may result in my application being rejected, my registration being terminated, and/or legal proceedings. I agree to supply any relevant information the University of Chichester should require in relation to this application. I understand that this information will be treated in confidence. I understand that the University’s administration of applications is registered under the Data Protection Act, and that personal information which I have declared will be stored on a computer and may be verified against further information that I have passed on to other public bodies. | | |
| Signature of Applicant: | | Date: |

|  |
| --- |
| Please send this form and accompanying documentation to [PGRSupport@chi.ac.uk](mailto:PGRSupport@chi.ac.uk) |
| This form will be reviewed by the appropriate members of academic staff to see if they can support your research proposal. Suitable candidates will be contacted for interview. |

# **Section 2: TO BE COMPLETED BY THE UNIVERSITY**

|  |  |  |
| --- | --- | --- |
| Research Degree Coordinator Statement | | |
|  | This student can be considered for registration within the identified research degree area | |
|  | This student cannot be considered for registration within the identified research degree area because: | |
| Signed: | | Date: |
| Supervisor Statement  Based on the information supplied on this form, please select one of the following options: | | |
|  | I approve this candidate for interview | |
|  | I have decided this candidate does not require /should not be interviewed for the following reason (s): | |
| Signed: | | Date: |

**Section 2a: INTERVIEW RECORD**

Candidate should be interviewed by the prospective supervisor and at least one other interviewer

|  |  |  |
| --- | --- | --- |
| Date of Interview: | | |
| Attendees: | | |
|  | Name of Supervisor:  Name(s) of additional interviewer(s): | |
| Recommendation for PGR study: Yes/No | | |
|  | If Yes, please circle/highlight the agreed entry route: | |
|  | | Pre-PhD  MPhil  PhD  PhD by Publication  PhD by Practice as Research  Professional Doctorate |
| Agreed start date (first working day of): | | |
|  | | October  February  June |
| Expected fee rate: (to be confirmed via Admissions and/or Research Office) | | |
|  | | Home/EU Fees  International Fees  Partial fee waiver\*  Full fee waiver\*  Bursary\*  SCDTP Funding scheme  Postgraduate Associateship Fee Waiver  Other (please give details) |
| \*Please submit a completed and signed Internal Sponsorship Agreement with this application | | |
| Provisional supervisory team to be confirmed at Form 1 stage, please note Form 1 documentation should be submitted within six months of registration (full-time) and 1 year of registration (part-time)  Director of Studies:  Second Supervisor:  Any Additional Supervisors:  *(If an external supervisor is to be appointed, please complete an External Supervisor Agreement and append it to this application)* | | |
| Please provide an overview of the outcomes of the interview and assessment of the candidate’s suitability for the intended course of study: | | |

# **Section 3: SIGNATURES OF RELEVANT ACADEMIC STAFF (post interview)**

|  |  |
| --- | --- |
|  | |
|  |  |
| Signature of Supervisor: | Date: |
| Signature of Research Degree Coordinator:  Head of Academic Department(s) | Date:  Date: |
|  |  |
| When all signatures are collected, this form will be processed by the Research Office. The applicant will be invited to register (February, June or October) and will need to show an original identification document (driving license/passport/birth certificate). The student will then be invoiced by the Finance department. | |