

# GS15 APPLICATION FOR CHANGE TO EXAMINATION PANEL 2023-2026

**All personal information gathered will be processed in accordance with TUS privacy statements**

**Please complete all parts of the form. The completed form, signed and dated, should be emailed to TUS Midwest:** **graduatestudies@tus.ie** **or TUS Midlands:** **gsr@tus.ie**

**Incomplete applications will not be processed.**

**Section A, B, C and D to be completed by the Principal Supervisor**

**Section E to be signed by the Principal and Co-Supervisor**

**Section F to be signed by the Head of Department, Dean of School/Faculty** **and Dean of Graduate School.**

**For more information, please see part 8 of the TUS Postgraduate Research Regulations 2023-2026.**

**SECTION A: Principal Supervisor Details.**

|  |  |
| --- | --- |
| Name  |  |
| Job title  |   |
| Research Centre/Institute/Group  |   |
| Department and Faculty  |   |
| Please confirm your role on the supervisory panel  | Principal   ​☐​    Co-Supervisor ​☐​    Mentor Supervisor ​☐​  |

**SECTION B: Research Student Details.**

|  |  |
| --- | --- |
| Research Student Name  |    |
| Research Student Number  |    |
| Programme Code and Title   |   |
| Title of Research Project   |      |
| Department and Faculty  |    |
| Research Institute/Centre/Group  |    |
| Award sought  | MA ​☐​         MBus ​☐​    MEng ​☐​    MSc ​☐​   LLM ​☐​   PhD  ​☐​ Transfer to/Progression on Doctoral Register ​☐​  |

**SECTION C: Details of Change**

**To be completed by the Principal Supervisor. Please complete each section**

|  |  |
| --- | --- |
| Title and name of current examiner |  |
| Proposed change (additional or replacement examiner) |  |
| Proposed examiner role (internal or external) |  |
| Reasons for change |  |

**SECTION D: Details of Additional/Replacement Examiner. To be completed by the Principal Supervisor, please complete each section**

|  |  |
| --- | --- |
| Name  |    |
| Job Title  |    |
| Institution Name  |    |
| Institution Address  |    |
| Telephone Number  |    |
| Email address  |    |

**Please confirm that a full current CV for proposed Additional/Replacement Examiners CV is attached: Yes ​☐​    No ​☐​**

**SECTION E: Signature & Declaration. To be completed by the Supervisory Team**

Signature of Principal Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Principal Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Co-Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Co-Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION F: Signature and Declaration. To be completed by the Head of Department, Dean of School/Faculty and Dean of Graduate Studies**

I agree with the proposed nomination yes ​☐​     no ​☐​

Signature of Head of Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Head of Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree with the proposed nomination yes ​☐​     no ​☐​

Signature of Dean of School/Faculty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Dean of School/Faculty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Dean of Graduate School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Dean of Graduate School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_