

# GS1a: APPLICATION TO TUS FOR REGISTRATION ON A RESEARCH DEGREE PROGRAMME 2023 – 2026

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| **All personal information gathered will be processed in accordance with TUS privacy statements****Section A to be completed by the Research Applicant****Section B to be completed by the Principal Supervisor****Section C to be completed by the Chairperson of the Faculty Research Committee****Section D to be completed by the Dean of Graduate Studies, Head of the Graduate School****Irish applicants from universities/institutes other than TUS Midlands Midwest must furnish a certified copy of their degree/transcript of results** **Non-Irish applicants must furnish the following documentation with their application:****a) Certified copy of official transcript of courses taken, marks obtained, and degrees previously obtained****b) Documentary evidence of learner’s qualifications – please refer to NARIC**  |

**SECTION A: To be completed by the Research Applicant**

**Research Applicant Details**

|  |  |
| --- | --- |
| Forename |  |
| Surname |  |
| Address |  |
| Date of Birth |  |
| Nationality |  |
| Gender (optional) |  |
| Email Address |  |
| Telephone Number |  |
| Is Visa Required?  | **Yes** [ ]  | **No** [ ]  |

**Research Applicants Previous Educational Experiences: Third Level Education**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name and Address of Institutions Attended** | **Awarding Body** | **Years of Study (from – to)** | **Award Title** | **Award Classification** | **Date Conferred** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Research Applicants Professional/Industrial Experience:** Please add maximum of one additional page if necessary

|  |  |
| --- | --- |
| Employer Name |  |
| Employer Address |  |
| Dates of Employment (From – To) |  |
| Title/Position Held |  |
| Brief description of duties |  |
| Employer Name |  |
| Employer Address |  |
| Dates of Employment (From – To) |  |
| Title/Position Held |  |
| Brief description of duties |  |

**Please provide details of two written academic or employment referees:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name**  | **Organisation name and address** | **Job Title** | **Telephone** | **Email** |
|  |  |  |  |  |
|  |  |  |  |  |

**Other relevant information, e.g., conferences attended, book chapters or published academic articles, and other relevant publications, performances or exhibitions attended/presented at:**

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**To facilitate and support your learning you may require specialist learning resources or adapted support facilities, please indicate and advise as you deem necessary:** To avail of support facilities, learners must be registered with the university’s disability advisory and support service. Details of the procedures involved are provided on the TUS website.

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**Details on award sought at TUS Midlands Midwest (please tick)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Master of Arts** | **Master of Business** | **Master of Engineering** | **Master of Science** | **Master Tracking PhD** | **Doctor of Philosophy** |
|[ ] [ ] [ ] [ ] [ ] [ ]

**Proposed Duration of Research Programme:**

**Are you applying to be a full-time or part-time research student?**

|  |  |
| --- | --- |
| **Full-time Research Student** | **Part-time Research Student** |
| **Yes** [ ]  | **Yes** [ ]  |

**Please enter your proposed start date (day/month/year) and proposed finish dates below**

|  |  |
| --- | --- |
| Proposed Start Date |  |
| Proposed Finish Date |  |

**English Language Requirements:**

Where English is not your first language, evidence of competence in English must be presented. See the TUS website for details of minimum requirements

|  |  |  |
| --- | --- | --- |
| Is English your first language? | Yes [ ]  | No [ ]  |
| If you answered no, is relevant documentation attached to your application which verifies competency in the English language to the required levels? | Yes [ ]  | No [ ]  |

**Research Applicants Declaration:**

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| --- |
| I, the undersigned, declare that:* The information given by me in this application is correct and that all relevant matters have been disclosed.
* I authorise TUS to contact other Institutions to verify my results.
* I authorise TUS to contact the listed referees for reference verification.
* I am in good financial standing with TUS.
* I have read and am aware of my responsibilities under the Research Degree Programme Regulations.
* If admitted as a Research Student, I will abide by the Research Degree Programme Regulations and will remain in good financial standing with the Institute.
* I have read and am aware of my responsibilities under the QQI framework-based award standards and Code of Good Research Practice.
* I have agreed a research proposal and a first-year detailed plan with the proposed Supervisory Panel.
* I understand that all personal information gathered will be used for assessment of the application and registration of the research degree programme and research student and will be processed in accordance with the TUS Student Privacy Statement.
* I understand that the information provided will be retained by TUS on the TUS Postgraduate Register.
* I consent to any personal data provided in this form being used to process my application and for registration of the research degree programme as outlined in this declaration.

Signature of Research Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Research Applicants Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**SECTION B: To be completed by the Principal Supervisor**

**Technological University of the Shannon: Midlands Midwest**

|  |  |
| --- | --- |
| Name |  |
| Faculty and Department |  |
| TUS Research Institute/Centre/Group |  |
| Please state your defined area of research  |  |

**Programme code and title of Proposed Research Degree Programme:**

|  |
| --- |
|  |

**Field of Education Classification (ISCED).**

Please state the ISCED code below.

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**Proposed Programme of Research:**

This information should be typed on a separate sheet (maximum 4 sheets) and attached with this form. Information should include the following:

* Detailed research proposal;
* Proposed schedule of work (in detail for the first year) with an outline of time frames, milestones and key deliverables for the whole programme;
* Information concerning the research environment for this project (e.g., external links, relevant specialised facilities and funding);

**If any specialist courses are required by the Applicant, please state them here and state briefly why they are necessary.**

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**Supervisory Arrangements:** Please attach a full CV for each proposed supervisor

**Principal Supervisor**

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Organisation, Faculty and Department |  |
| Qualifications |  |
| Publications (list max of 3 most relevant/recent) |  |

**Co - Supervisor**

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Organisation, Faculty and Department |  |
| Qualifications |  |
| Publications (list max of 3 most relevant/recent) |  |

**Co - Supervisor**

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Organisation, Faculty and Department |  |
| Qualifications |  |
| Publications (list max of 3 most relevant/recent) |  |

**Mentor supervisor (if applicable)**

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Organisation, Faculty and Department |  |
| Qualifications |  |
| Publications (list max of 3 most relevant/recent) |  |

**Resources**

**Please indicate the main source of funding of this project:**

|  |
| --- |
| Presidents Doctoral Scholarship |[ ]
| Science Foundation Ireland |[ ]
| Irish Research Council |[ ]
| Professional Development |[ ]
| Self-financing |[ ]
| Faculty Waive of Fees |[ ]
| Other (Please specify) |[ ]
| Candidate is self-funding |[ ]

**Stipend**

**If the candidate will be in receipt of a stipend from TUS or from any other source, please provide the requisite information below. If they are not in receipt of a stipend, please skip to the next item:**

|  |  |
| --- | --- |
| Proposed Amount of Research Stipend (per annum) |  |
| Number of stipend payments due |  |
| Duration of funding (Start Date/End Date) |  |
| Cost Centre of Funding (If unknown please contact research finance for information) |  |

**Please confirm the availability of the resources that are necessary for this project and if any additional resources are required, please state below:**

|  |  |
| --- | --- |
|  | **Details** |
| Consumables |  |
| Facilities/Equipment |  |
| Staff |  |

|  |  |  |
| --- | --- | --- |
| **Will the available funding cover the entire duration of the project?** | **Yes** [ ]  | **No** [ ]  |

**If no, please explain when the funding commences and how long it will continue for:**

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|  |

**Supervisory Panel Declarations:**

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| **Declaration to be signed by each member of the Supervisory Panel**I, the undersigned, declare that:* I am satisfied with the proposed research degree programme and support the research applicant’s application for admission to the Research Postgraduate Register.
* I have read and am aware of my responsibilities under the Research Degree Programme Regulations.
* I understand the duties and responsibilities attaching to the role of Supervisor.
* I confirm my intention to supervise the research applicant in accordance with the research policies and procedures of TUS.
* I have received/will attend (please delete as appropriate) training in Postgraduate Research Management and Supervision and Research Integrity.
* I understand that all personal data provided will be used for assessment of the application and registration of the research degree programme and research applicant and processed in accordance with the TUS Employee Privacy Statement

Signature of Principal Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name of Principal Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature of Co-Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name of Co-Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature of Co-Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name of Co-Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- | --- |
| **Please confirm current CVs are attached for each member of the Supervisory Panel (Yes/No)** | Yes [ ]  No ☐[ ]  |

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| --- |
| Signature of Head of Department/Dean of Faculty\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- |
| Signature of Project Accountant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**SECTION C: To be completed by the Chairperson of the Faculty Research Committee**

Please tick the most appropriate box for each item listed below.

**Checklist:**

|  |  |  |
| --- | --- | --- |
| Applicant’s qualifications are satisfactory | Yes [ ]  | No [ ]  |
| English language requirement is fulfilled | Yes [ ]  | No [ ]  |
| Visa is required  | Yes [ ]  | No [ ]  |
| Visa has been obtained  | Yes [ ]  | No [ ]  |
| Pre-Registration is complete  | Yes [ ]  | No [ ]  |
| Student has appropriate research funding | Yes [ ]  | No [ ]  |
| Student is from within the European Union (EU) | Yes [ ]  | No [ ]  |
| Student is from outside the European Union (EU) | Yes [ ]  | No [ ]  |

**This application was considered by the Faculty Research Committee, and it was agreed (please tick as appropriate)**

|  |
| --- |
| To submit the application to Postgraduate Studies and Research Subcommittee for approval |[ ]
| That further information is required (if applicable, please stipulate) |[ ]
| Not to approve the application |[ ]
| Signature of Chairperson of the Faculty Research Committee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

**SECTION D: To be completed by the Dean of Graduate Studies, Head of the Graduate School**

**Supervisory Panel:**

|  |  |  |
| --- | --- | --- |
| Supervisory Panel is appropriate and aligns with research regulations | Yes [ ]  | No [ ]  |
| Document has been signed by all parties | Yes [ ]  | No [ ]  |
| Signature of Dean of Graduate Studies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |