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# GS1b: APPLICATION TO TUS FOR POSTGRADUATE RESEARCH RE-ADMISSION 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**  **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 Applicants Details**

|  |  |  |
| --- | --- | --- |
| Forename |  | |
| Surname |  | |
| Address |  | |
| Date of Birth |  | |
| Nationality |  | |
| PPS Number |  | |
| Email Address |  | |
| Telephone Number |  | |
| Is Visa Required? | **Yes** | **No** |

**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** |
|  |  |  |  |  |  |

**Please enter your proposed start date (day/month/year) for readmission and end date below:**

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

**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 re-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**

Please state your own information here:

|  |  |
| --- | --- |
| Name |  |
| Faculty and Department |  |
| TUS Research Institute/Centre/Group |  |

Please outline briefly any changes there may be to the student’s programme of work if they are re-registered. If there are no changes to report, please write ‘not applicable’ in the box below and sign your name under ‘supervisory panel declaration’ subsequently in this form. Please complete GS 13 if there are any changes to report. This includes changes to funding arrangements.

**Supervisory Panel Declarations:**

|  |
| --- |
| **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 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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| Signature of Head of Department/Dean of Faculty/Research Director:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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**SECTION C: To be completed by the Chair of the Faculty Research Committee**

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

|  |  |
| --- | --- |
| To approve the application |  |
| That further information is required |  |
| 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 is appropriate and aligns with research regulations | Yes | No |
| Signed by all parties | Yes | No |
| Signature of Dean of Graduate Studies:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | |