# Postgraduate research students collaborative co-supervision proposal form

**Confidential**

**EXPLANATORY NOTE**

Before completing this form, please refer to the *Code of practice for the approval of new postgraduate research collaboration.*

Please refer to the guidance notes for completion of this form. All parts must be fully completed, please do not leave any blank sections. If you consider that a section of the form does not apply please mark as not appropriate. Supplementary information should be attached where requested. Please complete the form in Word (i.e. type, do not handwrite).

Please note that incomplete or false information will lead to the termination of the process and will result in the University not being able to progress the collaborative provision proposal.

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| **Part A: General information**  Part A should be completed for all proposals by the proposing Centre/School/Department and should not be sent to the proposed partner. | | | | | | | |
| **Contact details** | | | | | | | |
| Proposer (name of individual): | | | | Click here to enter text. | | | |
| Faculty/Department/School/Centre: | | | | Click here to enter text. | | | |
| Name of collaborative co-supervisor:  Organisation:  Job title:  Correspondence address:  Postcode:  Email:  Direct line: | | | | Click here to enter text. | | | |
| Name of student:  Faculty/Department, School, Centre:  PhD application number (if known): | | | | Click here to enter text. | | | |
| To your knowledge, are there any existing links between the University and the proposed collaborative co-supervisor? Please specify the nature of these links: | | | | Click here to enter text. | | | |
| **Programme details** | | | | | | | |
| Proposed University programme(s): | | | | Click here to enter text. | | | |
| **Period of agreement** | | | | | | | |
| Proposed start date: | | | | Click here to enter text. | | | |
| Proposed end date: | | | | Click here to enter text. | | | |
| **Level of collaboration** | | | | | | | |
| Level | University wide | | Faculty | | Department | School/Centre | |
| **Principles of collaboration compliance**  Please confirm the proposal meets the specified key principles which underpins all of the University’s collaborative activity (please tick all that apply) | | | | | | | |
| According to the Strategic Statement (*Code of practice for the approval and management of collaborative provision*, Appendix 1), the University will only enter into collaborations with proposal partners in conjunction with the following principles: | | Supports the achievement of the University’s aims and objectives | | | | |  |
| Able to effectively meet the University’s responsibilities for the quality and standards of University programmes | | | | |  |
| Able to uphold the University’s academic standards | | | | |  |
| Follows both the University’s and relevant legal requirements | | | | |  |
| Meets the University’s financial requirements | | | | |  |
| Meets or exceeds the University’s aims for an excellent student experience | | | | |  |

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| **Part B: Business case considerations** | | | | |
| How is it anticipated that costs relating to the collaboration (e.g. travel for collaborative co-supervision; fee waivers), be covered and by whom? Please specify: | | Click here to enter text. | | |
| How many School/Department staff will/might be involved (academic and administration)? What impact will that have on the School/Department’s teaching, research and administration? How will that impact be mitigated? | | Click here to enter text. | | |
| **Part C: Academic case considerations** | | | | |
| Please explain the academic rationale for the proposed collaborative partnership: | | Click here to enter text. | | |
| Provide information on the suitability of the collaborative co-supervisor, and how they will be inducted to perform their role effectively: | | Click here to enter text. | | |
| **Part D: Additional information** | | | | |
| Please provide any further information/comments relevant to this application. | | Click here to enter text. | | |
| **Confirmation**  I hereby certify that the statements and information in this form are true and correct, and I authorise the Directorate of Quality Enhancement and Standards/International Relations Office to investigate all statements or other information contained in this form and any attachments submitted with it. | | | | |
| **Proposer Name:** |  | | | |
| **Signature:** |  | | | |
| **Date:** | Click here to enter a date. | | | |
| **Approval signatures** | | | | |
| **Title:** | **Name** | | **Signature** (electronic signature permitted) | **Date** |
| **Faculty Business Finance Manager (only in the case of a fee reduction):** |  | |  | Click here to enter a date. |
| **Head of Department:** |  | |  | Click here to enter a date. |
| **Faculty Postgraduate Research Director:** |  | |  | Click here to enter a date. |