**Collaborative Co-supervisor Information Sheet**

This form is for students that will have a co-supervisor at another site but will spend 100% of their study time at the University of Surrey

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| Name of programme |  |
| Department / Faculty |  |
| Name of principal supervisor |  |
| Name and URN of Student |  |
| Name and REF Number of Collaborative Co-supervisor |  |
| Name and address of Institution |  |
| Programme start date |  |
| Programme end date |  |
| Does the collaborative co-supervisor meet the requirements as described in the *Regulations for research degrees?* | Yes  No |
| Will the Collaborative Co-supervisor be paid by the University | Yes  No |
| What training opportunities are available for the collaborative co-supervisor? |  |
| Are there any existing links between the proposed partner and Surrey? | Yes  No |
| Are there any additional costs that the student needs to be made aware of? (e.g. travel cost information) If so what are the additional costs? Has the student been informed? |  |
| Please tick if these have been achieved:  The above is in line with the Strategic Statement in the Code of practice for Collaborative Provision  The collaborative co-supervisor has been sent the following information:   * Regulations for Research Degrees * Code of practice for Research Degrees * Quick Guide for Supervisors | |
| Principal supervisor name and signature: |  |
| Date: |  |
| Head of Department name and signature: |  |
| Date: |  |