

PLEASE NOTE:

- To complete and sign this interactive PDF you must have [ADOBE READER VERSION 8 or newer](#).
- Click here to download: [Adobe Reader for MAC](#) [Adobe Reader for WINDOWS](#)
- When opening the PDF in Reader, if prompted, click [ENABLE ALL FEATURES](#) and [HIGHLIGHT THE EXISTING FIELDS](#)
- To insert a digital signature below, click on the signature and follow the brief instructions, before saving the document, and sending on to the next signee, as needed.

IMPORTANT:

- The onus is on the Student to ensure that this form is completed and to attain all required electronic signatures before returning to: EU Students: pgresearch@ucc.ie Non-EU Students: annemarie.scarry@ucc.ie
- For all types of change requests, signatures of all Supervisors/Advisors noted on the student's registration record must be provided.

Student Details (required)

Student Name:

Student Number:

Date of Birth:

School/Department:

Email:

Tel:

Currently registered as:

Change from Full-Time/Part-Time

PLEASE NOTE: The date of change to full-time/part-time must align with your start date for this academic year, e.g. if your start/registration was from April this year, then your change to full-time/part-time must start in April.

Full Time to Part Time

Part Time to Full Time

From Date:

From Date:

Change of Start Date (EU Only)

From (approved start date)

Year

To (proposed new start date)

Year

Change of Number of Approved Years of Study

PLEASE NOTE: Minimum registration for PhDs is 3 years full-time or 6 years part-time

From 4 years full-time to 3 years full-time

From 3 years full-time to 4 years full-time

Change/Addition of Supervisor/Advisor

Current Supervisors/Advisors (list all)

Name: **Email:**

Position:

Name: **Email:**

Position:

Name: **Email:**

Position:

Name: **Email:**

Position:

Name: **Email:**

Position:

Proposed Supervisors/Advisors (list all)

Name: **Email:**

Position:

Name: **Email:**

Position:

Name: **Email:**

Position:

Name: **Email:**

Position:

Name: **Email:**

Position:

Major Change of Thesis Title

New Thesis Title:

Change of Subject

From:

To:

Change/Addition of Module (Thematic PhD only)

From (if applicable):

To:

Leave of Absence (Minimum 3 months maximum 12 months)

PLEASE NOTE: Retrospective leave will only be granted where a student has not been registered, or has been on certified sick leave and has not received supervision or used university facilities during this period. In such cases a medical certificate must accompany this form.

Leave of Absence to start from:

Year:

Period of leave:

Reason for Leave:

Extension

PLEASE NOTE:

-The maximum duration of a PhD is 6 years, and extensions are only applicable beyond this point.

-Extension requests can only be considered if they are accompanied by a completed and signed progress review form. An annual progress review is a University requirement for research students. Full details can be found in [UCC's Progress Review Policy](#)

Academic Year of proposed extension (e.g. 2018):

From:

Change of Programme

To:

New Thesis Title (if applicable):

To be completed by Supervisor(s)/Advisor *and* Head of School/Department

FOR CHANGE OF PROGRAMME REQUESTS ONLY:

Please tick which option you wish to approve the student for:

Transfer to:

To transfer from an MPhil to a PhD, or from a PhD Track to a PhD, students must have submitted a minimum of 10,000 words of written work as well as defend his/her work at interview. I can confirm that the student has completed and met this requirement

Number of Academic Years:

Full Time

Part Time

Start Date:

Year:

(The start date is normally the date on which the applicant first registered for their Masters/PhD Degree).

I confirm that a review has been conducted of this candidate's work to date. S/he has submitted a detailed proposal to his/her Supervisor. I recommend that the student be allowed to register for the PhD/Masters Programme.

FOR CHANGE OF SUBJECT REQUESTS ONLY:

Name of School/Department/(s):* 1.

2.

*For Internal funding under RAM, if this student is jointly supervised across more than one School/Department please specify how funding should be divided. (Queries on FTE's should be directed to regadmin@ucc.ie)

Name of School/Department:

Funding (%):

Name of School/Department:

Funding (%):

Signatures of Supervisors, Advisors *and* Head of School/Department

PLEASE NOTE:

-For all change requests, signatures of all Supervisors/Advisors noted on the student's registration record must be provided.

-Where approving students for a leave of absence, your signature indicates that you have not or will not provide supervision during the period of leave.

CLICK AND FOLLOW INSTRUCTIONS TO INSERT ELECTRONIC SIGNATURES BELOW

Supervisor (print):

Date:

Signature:

Supervisor (print):

Date:

Signature:

Supervisor (print):

Date:

Signature:

Supervisor (print):

Date:

Signature:

Supervisor (print):

Date:

Signature:

Advisor (if applicable) (print):

Date:

Signature:

Head of School/Department (print):

Date:

Signature:

Student Signature

CLICK AND FOLLOW INSTRUCTIONS TO INSERT ELECTRONIC SIGNATURES BELOW

Signature:

Date: