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| Maynooth-University-Logo_CMYK_AW | **Ollscoil Mhá Nuad Maynooth University** |

# Form No. GSF10

(Version 3: May 2023)

**Research Students –**

**Transfer Request from a Research Masters to PhD Register**

*PhD Registration:*

In exceptional circumstances a student who is registered for and pursuing a Research Master’s degree may petition transfer to the PhD register. The student must submit the transfer request along with the signatures of their supervisor, the chair of their DRSPC (Departmental Research Student Progress Committee) and the Head of Department to the Graduate Research Academy for approval. All approvals will be noted by the Graduate Education Committee.

Requests for approval should be received prior to the commencement of a new academic year. In the case where a student has already registered to the next year of their Research Masters, an approved transfer request for a change in a student’s registration by the Student Records Office must be made in advance of the 31st October.

# To be completed by the student (BLOCK CAPITALS)

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name: |  | First Name: |  |
| Landline No: |  | Mobile No: |  |
| Department: |  | Email: |  |
| Student Number |  |  |  |
| Year admitted: |  | Term admitted: |  |
| Expected date of completion: |  | Full-time or Part-time: |  |

**Registration Transfer From:**

|  |  |  |
| --- | --- | --- |
| Programme currently registered to(e.g. .MScR/M.Litt) | Subject currently registered to:(e.g. BLR600) | Year of study currently |
|  |  |  |

**Registration Transfer To:**

|  |  |  |
| --- | --- | --- |
| Programme to be registered to:(e.g. PHDA, PHDS, PHDE) | Subject to be registered to:(e.g. BL900) | Year of study |
|  |  |  |

**Signed by Supervisor**

|  |  |  |
| --- | --- | --- |
| Name: |  | Comment: |
| Department: |  |
| Signature: |  |
| Date: |  |

**Signed by Head of Department**

|  |  |  |
| --- | --- | --- |
| Name: |  | Comment: |
| Department: |  |
| Signature: |  |
| Date: |  |

# Signed by Chair of the Departmental Research Student Progress Committee

|  |  |  |
| --- | --- | --- |
| Name: |  | Comment: |
| Signature: |  |
| Date: |  |

Please submit this form to the Graduate Research Academy, TSI Building or email: researchstudentforms@mu.ie

# Signed by Graduate Research Academy on behalf of the Graduate Education Committee

|  |  |  |
| --- | --- | --- |
| Name: |  | Comment: |
| Signature: |  |
| Date: |  |

**For Office Use Only – Graduate Research Academy**

Send email of approval to the Student/Supervisor/Head/Records Office

|  |  |  |
| --- | --- | --- |
| Student | Supervisor | Head of Dept |
|  |  |  |

Send copy to the Records Office

|  |  |
| --- | --- |
| Records Office |  |
|  |
| **Action** | **Date** | **Staff Signature** |
| Copy Sent to Student Records Office |  |  |

**Registry Use Only – Tracking of Progress**

|  |  |  |  |
| --- | --- | --- | --- |
| **Staff Signature** | **Date** | **Student Advised** | **Graduate Studies Advised** |
|  |  |  |  |