***COMPLETED FORM NEEDS TO BE SENT TO THE DEPARTMENT FOR APPROVAL BEFORE BEING SENT TO THE GRADUATE SCHOOL***

**UNIVERSITY OF ROEHAMPTON**

RESEARCH DEGREES COMMITTEE

# APPLICATION TO TRANSFER REGISTRATION FROM DOCTORAL STATUS TO MPHIL

This form should be completed for all candidates requesting a transfer of registration status from Doctoral status to MPhil. Please type this form or complete it in black ink and in block capitals and when completed return it to your Department Administrator with responsibility for Research Degrees.

**SECTION 1: REGISTRATION DETAILS**

**Programme:**

|  |  |
| --- | --- |
| [ ]  **MPhil/PhD** | [ ]  **PsychD Forensic Psychology** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of initial registration:** |  | **Registration Expiry Date:** |  |

|  |  |  |
| --- | --- | --- |
| **Mode of Study:** | [ ]  **Part-time** | [ ]  **Full-time** |

|  |
| --- |
|  |

**Name:**

|  |
| --- |
|  |

**Student ID:**

|  |
| --- |
|  |

**School:**

**Title of research:**

|  |
| --- |
|  |

Transfer to MPhil usually results in a reduction to the maximum period of registration. For overseas students, the University must report any changes to the maximum period of registration to the relevant authorities (e.g. UK Border Agency). If the applicant is studying in the UK on a student visa, please flag this below. All cases will be checked.

|  |  |  |  |
| --- | --- | --- | --- |
| **Visa status:** | **[ ]  Not required (Home/EU)** | **[ ]  Student visa/visitor visa (Overseas)** | **[ ]  Not known** |

|  |
| --- |
| **For office use only –**  |
| **Immigration Officer approval** | **Signed** | **Date** |
| **Printed** |

**SECTION 2: DIRECTOR OF STUDIES REPORT ON THE TRANSFER PROCESS**

*The DoS report should give the reasons for the transfer of the candidate’s registration to MPhil together with an outline of the candidate’s progress and probable timetable for completion*

|  |
| --- |
| *Continue on a separate sheet if necessary* |

**SECTION 3: SIGNATURES**

We recommend that the candidate's registration be transferred to MPhil

|  |  |  |  |
| --- | --- | --- | --- |
| Director of Studies | Signed: | Date: | Department: |
| Printed: |
| Co-Supervisor | Signed: | Date: | Department: |
| Printed: |
| Co-Supervisor | Signed: | Date: | Department: |
| Printed: |

**For completion by Department Administrator with responsibility for Research Degrees:**

|  |  |  |
| --- | --- | --- |
| Date received in Department Office:  |  |  Signature: |
|  |  |

*If approved by Chair’s Action, the Research Degrees Convenor should sign this section.*

|  |  |  |
| --- | --- | --- |
| Date approved:  |  | Signature: |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Dean | Signed: | Date: |
| Printed: |

The student has a cross-departmental supervisory team: **YES / NO**

*If ‘yes’ to the above, all additional Deans must also approve the changes by signing below:*

|  |  |  |
| --- | --- | --- |
| Additional Deans | Signed: | Date: |
| Printed: |

**Student signature:**

*I agree with this recommendation*

|  |  |  |  |
| --- | --- | --- | --- |
| Student: |  | Date: |  |

**Graduate School only**

*The Graduate School confirms this transfer*

|  |  |  |
| --- | --- | --- |
| Signature of Chair of Research Degrees Committee | Signed: | Date: |
| Printed: |