

APPROVAL FOR JOINTLY SUPERVISED RESEARCH STUDENTS

This form should be used when a Department/Faculty wishes to accept a student to undertake a research degree (PhD, MPhil, MRes) jointly supervised with another university or universities.

PART A: To be completed by the student/University of Strathclyde supervisor		
1.	Name of Student	
2.	Place of Study	
3.	Contact Information (whilst at Strathclyde) <i>Address:</i>	
	<i>Tel:</i>	<i>e-mail</i>
4.	Contact Address (whilst at the Collaborating University) <i>Address:</i>	
	<i>Tel:</i>	<i>e-mail</i>
5.	Administering University Supervision will be in accordance with the policy, procedures and guidelines of the Administering University which will be the University of The award will be a University of Strathclyde award/an award of the Collaborating University/a joint award (<i>delete as appropriate</i>)	

If the Administering University is the University of Strathclyde, PARTS B1 and C1 of this Pro Forma must be completed

If the Collaborating University is the Administering University, PART B2 only of this Pro Forma must be completed

Proposal approved by:

The Collaborating University

Position:

Name:

Date:

University of Strathclyde

Vice-Dean:

Name:

Date:

Please send completed Pro Forma to Registry Administrator for fee calculation and onward transmission to the Faculty Board.

PART B1: To be completed by the Head of Department/Vice Dean (or nominee)
1. Name of University of Strathclyde Academic Supervisor and second Supervisor
2. Department:
3. Degree:
4. Field of Study:
5. Reason for joint supervision (please demonstrate worth to University, eg. value to research, contacts, access to facilities, wider student experience etc):
6. Monitoring Progress (<i>Note: see PGR Guidelines</i>):
<p>a. What arrangements are proposed for regular contact between supervisors and student and for keeping a record of the student's progress?</p> <p>b. What frequency of progress meetings is planned?</p> <p>c. Monthly/quarterly (<i>delete as appropriate or specify other</i>) feedback will be given to the student</p> <p>d. By what means (e.g. email, face to face)</p>
7. Research Training (instructional element)
<p>What instructional classes (e.g. research methods) will the student attend. Give class codes, credit ratings and titles if available.</p> <p>a. at Strathclyde?</p> <p>b. at the Collaborating University?</p> <p>c. How else will research training requirements be satisfied?</p>
8. Student Fees
<p>Registry will apply the standard fee for the relevant postgraduate research programme unless special arrangements have been approved by UMG and Court.</p> <p>What split of fees has been agreed with the collaborating University?</p>
<p>Copies of relevant degree regulations and of University of Strathclyde Procedures and Guidelines for Postgraduate Research Programmes (PGR Guidelines) including the University's Standard Terms and Conditions for Collaborative Agreements have been passed to the Supervisor in the Collaborating Institution.</p> <p>Signed by the Head of Department:</p> <p>Date:</p>

PART C1: To be completed by the Collaborating University
1. Name of Supervisor/Contact:
2. University Name and Address:
3. Supervisor/Contact Information: Please indicate relevant research etc interests and research supervision experience <i>(attach one page CV)</i>
4. Reason for joint supervision (please indicate value to the collaborating institution)
5. Please indicate arrangements/responsibilities for: a. involvement in student supervision b. provision of access to equipment and other facilities c. involvement in any other relevant joint activities
I have received copies of the relevant degree regulations and of University of Strathclyde Procedures and Guidelines for Postgraduate Research Programmes (PGR Guidelines)* including the University's Standard Terms and Conditions for Collaborative Agreements and agree to abide by these where appropriate to my role as supervisor/contact in the Collaborating University.
Signed by the Collaborating Supervisor/Contact:
Date:

*NB. Supervisors' responsibility for ensuring compliance with health and safety regulations is indicated in the PGR Guidelines

PART B2: To be completed by the University of Strathclyde Supervisor/Contact
1. Name of University of Strathclyde Supervisor/Contact
2. Name and Address of Collaborating University
3. Name of Collaborating University Supervisor/Contact
4. Reason for joint supervision (please indicate value to the University of Strathclyde)
5. Please indicate arrangements/responsibilities for: <ul style="list-style-type: none"> a. involvement in student supervision b. provision of access to equipment and other facilities c. involvement in any other relevant joint activities
6. Student Fees <p>What fee will be charged by the Collaborating University?</p> <p>What split of fees has been agreed with the Collaborating University?</p>
<p>I have received copies of relevant degree regulations and of the Collaborating University's Procedures and Guidelines for Postgraduate Research Programmes and agree to abide by these where appropriate to my role as supervisor/contact in the University of Strathclyde.</p> <p>Signed by the University of Strathclyde Supervisor/Contact:</p> <p>Date:</p>