|  |
| --- |
| To be completed by Prospective Student and Supervisor and returned electronically by email to : [rachael.reenan@ucd.ie](mailto:rachael.reenan@ucd.ie)  Note: If the prospective student has not attended UCD previously a copy of the personal page(s) from their Passport must be attached |

# Person details

|  |  |
| --- | --- |
| **Previous UCD Student No**  (If applicable – if not please forward a copy of the students passport) |  |
| **First Name** (as on Birth Cert & Passport) |  |
| **Last Name** (as on Birth Cert & Passport) |  |
| **Maiden Name** (If applicable, please enter the student's last name prior to marriage) |  |
| **Date of Birth** |  |
| **Gender: Male / Female** |  |

# Contact details

|  |  |
| --- | --- |
| **Mobile Number** |  |
| **Phone Number** (Phone number should include the country code and area code and consist of numbers only e.g. 1 212 555 1234 or 353 1 987 6543) |  |
| **Email Address** (Not a UCD email address) |  |

Citizenship Details

|  |  |
| --- | --- |
| **Country of Birth** |  |
| **Country of Citizenship** |  |
| **Native Language** |  |

Address

|  |  |
| --- | --- |
| **Address Line 1** |  |
| **Address Line 2** |  |
| **Address Line 3** |  |
| **Town or City** |  |
| **County** (Complete for Irish Addresses only) |  |
| **Postcode or ZIP** |  |
| **Country** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Proposed Start Date   |  |  | | --- | --- | | **September** |  | | **January** |  | | **May** |  | | Indicate proposed Graduate Study Major   |  |  | | --- | --- | | **PhD Full Time (X231)** |  | | **PhD Part Time**  **(X232)** |  | | **MSc Full Time**  **(X215)** |  | | **MSc Part Time**  **(X320)** |  | | **Other** inc major code |  | |

Proposed Thesis Title

|  |
| --- |
|  |

Supervision & Research Studies Panel

|  |  |
| --- | --- |
| **Primary Supervisor**  (Permanent academic staff member) |  |
| **Co-Supervisor** (if applicable) |  |
| **External Supervisor** (if applicable) please contact admin for relevant forms |  |
| **RSP Advisor** |  |
| **RSP Advisor 2** (if applicable) |  |
| **RSP Chair** (will be appointed by School) | Admin use only: |

Funding details

|  |  |
| --- | --- |
| **Funding Agency** |  |
| **Funding Agency Programme** |  |
| **UCD Research Grant Number**  (if known) |  |
| **Total € Amount per year** (Stipend + Fees + Consumables) |  |
| **Duration**  e.g. 4 years |  |
| **Amount of Student’s Fees covered by Grant** e.g. Full fees covered or note the max amount covered by funder |  |
| **Please tick if the students stipend is less than €22,000 per annum\*** |  |

\* The School is unable to top up stipends that fall below the threshold of €22,000 per annum These cases need

to be flagged to the Graduate Director to confirm that the student is aware of this.

Previous Third Level Details

Please attach Non-UCD transcripts to this application.

|  |  |
| --- | --- |
| **Degree title** |  |
| **Institution** inc country |  |
| **Grade** |  |
| **Year awarded** |  |

|  |  |
| --- | --- |
| **Degree title** |  |
| **Institution** inc country |  |
| **Grade** |  |
| **Year awarded** |  |

English Language Requirement Details

If no English Language Details are required click here:

Evidence of meeting UCD’s English Language Requirements is required for non-native English language

speakers who have not taken their primary degree through English.

|  |  |
| --- | --- |
| **English Language test** |  |
| **Date taken** |  |
| **Result** |  |
| **Band results** |  |

Please attach the results to this application. It is no longer possible to supply a supervisors letter to confirm English language ability.

Full details can be found here: <https://www.ucd.ie/registry/prospectivestudents/admissions/policiesandgeneralregulations/generalrequirements/minimumenglishlanguagerequirements/>

Off/On Site Details

If the student is to be based Offsite (i.e. outside UCD) for a proportion please indicate the offsite location and proportion of time off-site. **If the student is based off site for more than 1 trimester, please nominate an appropriate external supervisor above**

|  |  |
| --- | --- |
| **On site** | 100% |

Or

|  |  |
| --- | --- |
| **Offsite Location** |  |
| **% of Time based offsite** |  |

Note: The UCD Policy for Split-Site PhD and other Graduate Research Degree Arrangements is available online at: <https://sisweb.ucd.ie/usis/!W_HU_MENU.P_PUBLISH?p_tag=GD-DOCLAND&ID=9>

Subject Area:

For Admin/Student Record purposesplease indicate which **one** of the following subject areas best fits with this student’s proposed research/thesis title

|  |
| --- |
| **Biology (BIOL5001R)**  **Botany (BOTN5001R)**  **Cell Biology (CEMB5001R)**  **Environmental Biology (ENVB5001R)**  **Zoology (ZOOL5001R)** |