 **Inter-institutional Co-Supervision/Co-tutelle**

**Proposal Form**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*This form is to be completed by the UCD faculty member who wishes to propose an inter-institutional co-supervision agreement between UCD and partner institution for one PhD student. Please submit the completed form to* *the* *relevant Governing Board*

Name of Collaborating Institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Proposed Lead Institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Proposed UCD supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Proposed partner supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Proposed PhD Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will this be a dual/Double Degree or Joint Degree?; Provide a rationale for the degree type proposed*.*

Strategic benefits of a Joint PhD to UCD and the academic unit. *If the co-tutelle is part of an overarching approved collaborative programme this section does not need to be completed*

Prior Collaboration between proposed supervisor or academic units in the two institutions

Experience of the supervisor(s) at the collaboration institution

Details of fee payment/funding arrangements