**Middlesex University**

**Research Degree**

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| |  |  |  | | --- | --- | --- | | **Application for Transfer of Programme: MPhil to PhD** |  | **Student Number:** | |

Registration

Transfer

VIVA

**Submitted by (Faculty) -**

**Please provide a transfer portfolio consisting of the following to** [researchdegrees@mdx.ac.uk](mailto:researchdegrees@mdx.ac.uk) **at least two weeks before the review panel**:

1. Completed and signed Transfer Application Form.
2. A 500 word abstract.
3. A significant body of work demonstrating the status of the research material to date in a coherent format and to an appropriate standard which demonstrates clearly an adequate understanding, knowledge and justification of appropriate research design and methods (6,000 to 10,000 words or equivalent). In the case of the ArtsM/ArtsD, it should include a significant sample of expert/professional art-making as research.
4. A critical evaluation of research progress to date and a clear explanation of future research to be done, its expected contribution to knowledge and/or new insights and a programme of work for completing the project to the required standard. This should be between 3,000 and 6,000 words (or a maximum of 3,000 work commentary on creative process and decision-making in the case of the ArtsD).
5. Updated ethical approval, health and safety risk assessment, and data protection checklist (if necessary) All accessible via the MORE system.

***For further information please refer to the Transfer section of the Research Student Handbook (accessed from mylearning portal on UniHub).***

|  |  |
| --- | --- |
| I have completed and attached the above and confirm I am submitting for transfer  Signed (student) | Date |

**1 Student Details**

|  |  |
| --- | --- |
| Surname |  |
| Forenames |  |
| Title of the Research |  |

**2 Supervision of Programme of Work**

|  |  |  |
| --- | --- | --- |
| **2.1** Director of Studies |  | |
| **2.2** Supervisor(s) | Supervisor 2 | Supervisor 3 |
| **2.3** Details of any other person(s) external to Middlesex University who will act in an advisory capacity |  |  |

**3 Brief Report from the Supervisors**

|  |  |
| --- | --- |
| **3.1** On the student’s progress with the approved research programme |  |
| **3.2** On the student’s progress with the Research training workshops e.g. Researcher development programme, School seminar/workshops, etc. |  |
| **3.3** Any commendations or issues you would like to raise |  |

**4 Recommendation of the Supervisors**

|  |  |
| --- | --- |
| We support this application and believe that the applicant has the potential to complete successfully the programme of work p**ro**posed.  Having considered all aspects of the student’s progress, we recommend transfer  from to that of . | |
| Signed (Supervisor) | Date |
| Signed (Supervisor) | Date |
| Signed (Supervisor) | Date |

**5 The Panel**

|  |  |
| --- | --- |
| Chair |  |
| Reviewer(s) |  |
| Date of panel |  |

**For Official Use Only**

**The following sections are to be completed after the Review Panel**

**\*NOTE: If result is a *Conditional Pass* the Research Degrees Administration Team will liaise with the Reviewer to complete section 8 via this form or via email confirmation.**

**6 Confirmation of Transfer Review Panel**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Confirmation of the status of the student’s research ethics and risk assessment applications. Please select the option which best describes the status of the student’s applications: | | | | |
| **Research ethics:** | Approved | Under consideration | To be submitted ID number………………………… | |
| **Risk assessments:** | Approved | Under consideration | To be submitted | |
| **Data protection Checklist:** | Approved | Under consideration | To be submitted | |
| Signed (Chair of Transfer Review) | | | | Date |

**7 Outcome of Panel - To be completed by the Chair at the Transfer Panel**

**Transfer**

**Conditional Transfer – subject to revisions Date revisions required -**

**Revisions and further panel required Date revisions required -**

**Fail**

|  |
| --- |
| **7.1 Please specify revisions/recommendations – *this section will be sent to the student exactly as written*** |

|  |  |
| --- | --- |
| **7.2** If student is successful please complete the below:  Having considered all aspects of the student’s progress, I support the recommendations that the transfer  From to that of is approved. | |
| Signed (Chair) | Date |

**8 Final outcome – To be completed once revisions have been reviewed**

**Pass – revisions approved**

**Fail – revisions not met**

|  |  |
| --- | --- |
| Signed or approval confirmed via from reviewer(s) | Date |