**UCL faculty of mathematical and physical sciences**

**FACULTY APPROVAL OF MPhil/PhD SUPERVISOR STATUS**

TITLE: NAME:

DEPARTMENT:

|  |  |
| --- | --- |
| UCL Supervision |  |
| Appointment Requested: Principal |  |
| Appointment Requested: Subsidiary |  |
| Attended Mandatory Graduate School course:  *An Introduction to Research Student Supervision at UCL* | Date attended: |
| Details of Supervision of MPhil/ MRes/ PhD Research Students |  |
| Number of MPhil/ MRes/ PhD research students supervised in the past |  |
| Number of research students awarded: |  |
| i MPhil |  |
| ii MRes |  |
| iii PhD within 4 years |  |
| iv PhD longer than 4 years |  |
| v Failed to complete |  |
| UCL Academic Appointment |  |
| UCL Academic Appointment held?  If so, please state which type. |  |
| Academic title: (Professor, Reader, Senior Lecturer, Lecturer, Senior Research Associate, Honorary equivalent). |  |
| Honorary or Fixed-Term appointment held? If so, please state start and end date. |  |
| Honorary letter attached? | Yes/ No |
| Principal Supervisor Approval Checklist: |  |
| i) Satisfactorily completed any probationary period attached to his/ her appointment? | Yes/ No |
| ii) Has expertise in the area of the proposed research? | Yes/ No |
| iii) Has had previous experience of at least one successful PhD or MRes supervision, as appropriate, within a supervisory team (defined as having taken a student all the way through to a research degree award) | Yes/ No |
| DEPARTMENTAL APPROVAL – DGT  Request to appoint as Principal Supervisor approved?  (*If not approved, give reason*) | YES / NO \* |
| I confirm that this Supervisor is eligible under the Academic Regulations (item 5.14) | YES / NO \* |
| If not eligible, please state the names of the student(s) to be supervised and the name of the Subsidiary supervisor: |  |
| Subsidiary Supervisor Approval Checklist: |  |
| i) Has expertise relevant to the area of proposed research? | Yes/ No |
| iii) Familiar with the standards required for MPhil/ MRes/ PhD research? | Yes/ No |
| DEPARTMENTAL APPROVAL – DGT  Request to appoint as Subsidiary\* Supervisor approved?  (*If not approved, give reason*) | YES / NO \* |
| I confirm that this Supervisor is eligible under the Academic Regulations (item 5.14) | YES / NO \* |
| Name:  Signature: | Date: |

**Once the DGT has approved (or not), the completed form and brief CV should be sent to Roger Gaywood, MAPS Faculty office, 1st Floor, South Wing (r.gaywood@ucl.ac.uk). Honorary appointments must include a copy of the letter from Human Resources confirming appointment).**

FACULTY APPROVAL – FGT

Request to appoint as Principal / Subsidiary\* Supervisor approved YES / NO \*

Name Date

Signature

If not approved, please give reason: