**PhD Registration**

**School of Public Health**

College Regulations require that the decision to approve a student’s registration for PhD must be based upon the assessment of a written research plan submitted by the student. This will be reviewed by two independent assessors and approved by the Director of Postgraduate Studies.

Section A should be completed by the student and returned along with a copy of the Research Plan, an up-to-date CV, and a signed copy of the training plan within 8 weeks of initial registration.

**Section A – to be completed by the student and signed by the supervisor(s)**

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| --- | --- | --- |
| **Student Name:** | | **CID Number:** |
| **School of Public Health Department** |  | |
| **Name & title of Supervisor(s)** | Primary:  Secondary:  Tertiary: | |
| **Does the number of students under the primary supervisors care exceed 5?** | Yes: No:  **Is yes, please indicate number of students:** | |
| **Source of funding** |  | |
| **Title of Project** |  | |
| **Date of Initial Enrolment** |  | |

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| **Academic Qualifications (if other, please specify)** |  |
| **Mode of Study** | Full time: Part time:  **If part-time, please indicate percentage of time in attendance:      %** |
| **Please indicate any duties outside of your research i.e. clinics, technical duties etc.** |  |

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| **Does the research require ethical approval?** | Yes: No: |
| **If yes, has approval already been sought?** | Yes: No:  **If no, please confirm when approval will be sought:** |
| **How much of the work will be performed outside of the supervisor’s labs/facilities?** | Within ICSM:     %  External to ICSM\*:     %  \*Please provide letters of any collaboration(s) |

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| **Supervisor Signatures** | |
| **Primary Supervisor** | Date: |
| **Co-supervisor** | Date: |
| **Co-supervisor** | Date: |

Once completed, please return the signed copy of this form to the PhD Administrator [sph-pgradmin@imperial.ac.uk](mailto:sph-pgradmin@imperial.ac.uk).