**NOTICE OF INTENTION TO APPLY TO TRANSFER TO THE PHD REGISTER FORM**

**Reference Procedure**: **Code of practice for Research**

*Notice of intention to transfer must be submitted* ***at least two months in advance***

*of the proposed date for**submission for material for review.*

*Please type the details and email this form to* *Cawley.veronica@itsligo.ie*

|  |  |
| --- | --- |
| * 1. **Candidate:**
 |  |
| 1.2 Candidate student ID number |  |
| 1.3 Mobile Number |  |
| 1.4 Thesis Title |  |
| 1.5 Intended date of submission |  |
| 1.6 School  |  |
| 1.7 Department  |  |

|  |  |  |
| --- | --- | --- |
| **2. Supervisor(s)** | (a) | (b) |
|  Name: |  |  |
|  Located at: |  |  |
|  Telephone No: |  |  |
|  E-mail: |  |  |

|  |  |
| --- | --- |
| **2.1 Proposed External Reviewer:** |  |
|  Name: |  |
|  Position: |  |
|  Address: |  |
|  |  |
|  |  |
|  Telephone No: |  |
|  Email: |  |

Candidate’s Signature: Date: