**SCHOOL/DEPARTMENT OF: …………………………………**

**MPhil/Doctoral Supervision Arrangements**

This form should be completed and returned to Student Services (email to [studentservices@nottingham.ac.uk](mailto:studentservices@nottingham.ac.uk) or take in person or post to one of the [Student Services Centres](http://www.nottingham.ac.uk/studentservices/contact-us/locations.aspx)) when there is a change in a student’s supervision arrangements or when supervisors have not been allocated at application stage.

Name of student:

School: Date of initial registration:

Mode of study (FT/PT): Initial degree registration:

Preliminary title of project:

Principal supervisor (Name/School/% supervision allocation):

Additional supervisor(s) (Name/School/outside institution/% supervision allocation):

Internal Assessor (if known):

The details of this research project have been discussed by the student and supervisor(s) and all parties accept the basis of the supervisory arrangements that have been made:

Signed: (Student) Date:

Signed: (Supervisor) Date:

Signed: (Supervisor) Date:

I approve of these supervision arrangements on behalf of the School and confirm that the facilities are currently available for this research to be undertaken within the required timescale:

Signed: (Head of School) Date:

PLEASE RETURN A COPY OF THIS FORM TO [STUDENT SERVICES](http://www.nottingham.ac.uk/studentservices/contact-us/locations.aspx) (or Student Registry at UNMC or Graduate School at UNNC).