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| Maynooth-University-Logo_CMYK_AW | **Ollscoil Mhá Nuad**  **Maynooth University**  **Form No: GSF8**  (Version 3, January 2023) |

**PhD Transfer Application (External Candidates)**

This application form is intended for candidates who have already commenced a postgraduate research programme in another institution and who wish to transfer to Maynooth University.

Students should only submit this form after acceptance has been agreed in principle with a prospective supervisor and department. While we are open to external PhD transfer applications at any time, normally your studies in Maynooth University will commence from the start of an academic year, i.e. in September.

**To be completed by the student (BLOCK CAPITALS)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Last name *(as on birth certificate)*: | |  | | |
| First name: | |  | | |
| Date of birth: | |  | | |
| Address *(for correspondence)*: | |  | | |
| Landline no: |  | | Mobile no: |  |
| PPS number: |  | | Email: |  |

**PhD programme details**

|  |  |
| --- | --- |
| Joining Maynooth University in which year of study *(e.g. year 2)*: |  |
| Full-time or part-time: |  |
| Are you in receipt of research funding? |  |
| If yes, is your funding body aware of your transfer to the PhD programme in Maynooth University? |  |

If your application is successful, you will be enrolled in our Structured PhD programme, whereby you will complete some formally accredited subject-specific modules and also transferable modules.

If you wish to apply for credit waivers for modules and credits completed prior to joining Maynooth University, please provide details below. Please note that you must submit certified copies of transcripts detailing your academic history, including doctoral level modules completed in other institutions.

**Proposed credit waivers**

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| --- | --- | --- |
| Module code & title: | University completed in: | Credit value: |
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**Prior experiential learning**

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| --- | --- |
| Module code: |  |
| Module learning outcomes: |  |
| Learning from experience: (In approximately 500 words, please write a short critically-reflective testimonial to describe your learning gained in experience and how it relates to each of the learning outcomes for the module(s). Attach documents of evidence where appropriate to support your claim). | |

**Recommendation of Head of Department**

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| --- | --- | --- |
| Approving entry to PhD programme in Maynooth University? | |  |
| Approving credit waivers listed above? | |  |
| Comment *(if any)*: |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Head of Department *(block capitals)*: | |  | | |
| Signature: |  | | Date: |  |

**Please indicate progress to date**

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| This could include data already collected, draft chapters, etc. |

**Candidate declaration**

I declare that the information given by me in this application is true and accurate and that if admitted, I will abide by the regulations of Maynooth University.

The University reserves the right not to consider applications and to cancel any offers where requested information has not been supplied or where falsified or misleading information has been supplied.

If I have a criminal conviction/(s), I confirm that I have complied with the requirements as set out in the University’s policy for applicants with criminal convictions policy at: <https://www.maynoothuniversity.ie/sites/default/files/assets/document/Convictions%20Policy.pdf>

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

**Please submit completed application form (including all academic transcripts) to:**

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| Email: | [researchstudentforms@mu.ie](mailto:graduatestudies@mu.ie) |
| By post: | Graduate Research Academy, TSI Building, Maynooth University, Co Kildare |

**Approval by Graduate Research Academy/Registrar**

|  |  |  |
| --- | --- | --- |
| Name: |  | Comment: |
| Signature: |  |
| Date: |  |

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| **For Office Use Only – Graduate Research Academy** |

Send email of approval to the Student/Supervisor/Head/Records Office

|  |  |  |
| --- | --- | --- |
| Student | Supervisor | Head of Dept |
|  |  |  |

Send copy to the Records Office

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| Records Office |
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**For Office Use Only – Graduate Studies**

**For Office Use Only– Registry .**

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| Application Created on ITS: | Signed: | Date: |
| Certs Seen Updated: | Signed: | Date: |
| Transcripts noted in ITS: | Signed: | Date: |