# city-university-london-full RDF2

Application for Transfer of Registration from MPhil/MMA to PhD/DMA (and Vice Versa)

Please send this form, including any relevant attachments, to: [city-validation@city.ac.uk](mailto:city-validation@city.ac.uk)

|  |  |
| --- | --- |
| **PROPOSED TRANSFER** | |
| Candidate Surname |  |
| Candidate Forename |  |
| Date of Birth (dd/mm/yyyy) |  |
| Validation Partner Student Number |  |
| City Student Number (if known) |  |
| SITS Course Code |  |
| SITS Route Code |  |
| Department/School |  |
| Board of Studies responsible |  |
| Names of Supervisors  (Please indicate which supervisor is the first point of contact. If externally registered, please indicate which is the internal supervisor) |  |
| Present degree (please tick appropriate box) | MRes🞏 MPhil🞏 LLM🞏 MMA🞏 PhD🞏  DMA🞏 DPsych🞏 DHealth🞏 DJourn🞏 |
| Proposed Degree (please tick appropriate box) | MRes🞏 MPhil🞏 LLM🞏 MMA🞏 PhD🞏  DMA🞏 DPsych🞏 DHealth🞏 DJourn🞏 |
| Date of original registration |  |
|  |  |
| Thesis title or  description of chosen area of study |  |
| Process of assessment leading to this recommendation (e.g. written submission and oral presentation) |  |
| Has the student considered potential ethical issues/implications of the research and, if so, sought appropriate ethical approval? |  |
| Has the student read and understood the relevant section on [Assessment and Award of the University’s Quality Manual: Research Degrees?](http://www.city.ac.uk/about/education/quality-manual/9-research-degrees) |  |
| Names of staff involved in the assessment | 1.  2.  3. |
| Description of the candidate's performance in this assessment |  |
| Brief report from the Supervisor(s) on the process for approval of transfer and performance of the student attached? |  |
| Date transfer approved  by Board of Studies |  |

I confirm that the Board of Studies named above has approved the above proposal.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

(Secretary to Board of Studies) (Please print)

I approve the above proposal and confirm that it has the support of the supervisors named above

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

(Senior Tutor/Director of Research) (Please print)