

**Research Degree Programmes Exception Request: Supervisor Appointment**

Supervisors should only be appointed if they meet the conditions and staff categories outlined in the [Study Regulations for Research Degree Programmes](http://www.qub.ac.uk/directorates/AcademicStudentAffairs/AcademicAffairs/GeneralRegulations/StudyRegulations/StudyRegulationsforResearchDegreeProgrammes/), regulation 5.1. Complete this form to request permission to appoint a supervisor in exceptional circumstances.

**Exception/Concession Request**

Please select which this request relates to:

Principal Supervisor

Second Supervisor or Co-Supervisor

Supervisory team composition does not meet regulation 5.1. Provide details below:

Please indicate if this request relates to one student and/or project (a discrete concession) or a blanket concession for the individual to be appointed to multiple students and/or projects. If a blanket concession is approved, supervisory appointments will be permitted for a four-year period.

Concession for one student and/or project (discrete concession)

Blanket concession for multiple students and/or projects

Do you require approval for the nominee to act as a PGR Assessor (i.e. an Internal Examiner and/or Annual Progress Review (APR) panel member)?

Yes

No

**Supporting Information**

School:

Nominee Supervisor’s Name:

Current Job Title:

Name and job title of other supervisory team members:

*(For discrete concessions only)*

Student Name:

Student Number:

Title of submission/Project:

Please indicate which criteria have not been met to necessitate this request. Please refer to the Study Regulations for Research Degree Programmes, [regulation 5.1](https://www.qub.ac.uk/directorates/AcademicStudentAffairs/AcademicAffairs/GeneralRegulations/Academic/StudyRegulations/StudyRegulationsforResearchDegreeProgrammes/#d.en.3013786).

Please provide details of the post-doctoral experience of the nominee(s), including their experience and engagement with research and/or scholarly activity.

Nominee’s CV must be attached. Check box to confirm attachment.

**Endorsement**

Endorsed by Head of School (or nominee)

Signature: Date:

*Please return this form to the Quality Assurance and Regulations Team, Academic Affairs (*[*qar@qub.ac.uk*](mailto:qar@qub.ac.uk)*) for the consideration of the University’s Education Committee (Quality and Standards).*