**Initial enquiry in relation to a proposed programme of study for Postgraduate Research**

**Please provide full details in each section**

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| --- | --- | --- |
| **Title:** Mr, Mrs, Ms, other Click here to enter text. | **Family name:**click here to enter text  | **First name:**Click here to enter text. |
| **Contact e-mail:** | Click here to enter text. |
| **Contact telephone:** | **Fixed line:** Click here to enter number. | **Mobile:** Click here to enter number. |
| **Full contact postal address:** | Click here to enter text. |
| **1 Details of qualifications,** **including place of study,**  **subject and level**  **attained** | **Title of qualification, level achieved, and date of award** | **Subject(s) studied** | **Name and location of study institution**  |
|  | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **2 English Language level****Is English your first language?**  | **Yes** [ ] **No** [ ]  |
| **If no, please give brief details of English language qualifications held** | Click here to enter text. |
| **3 Are you proposing to study on a full or part time basis?**  | Choose an item. |
| **4 How will your fees be paid? (please tick)** | **Self** | **Employer** | **Research Council** | **Other funding body** | **Other** |
|  |[ ] [ ] [ ] [ ] [ ]
| **5 Proposed title *(maximum 20 words)*** | Click here to enter text. |
| **6 In the space below, please describe in not more than 200 words the topic that you would like to study**  |
| Click here to enter text. |
| **7 Keywords: Please insert three keywords that best describe your research interests** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Have you discussed this research proposal with any member of staff at University of Suffolk? If so please give details** |
| Click here to enter text. |
| **Please submit this form to the Graduate School (graduateschool@uos.ac.uk) and we will be in contact very shortly.**  |

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| **SECTION TO BE COMPLETED BY HEAD OF DEPARTMENT** |  |
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| **My recommendation is as follows:-** |
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| 1. **The Department has potential to support this proposal. Please invite the applicant to submit a full application.** [ ]
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|  |
| 1. **The Department is unable to support this proposal. Please advise the applicant and inform them of the reasons as detailed below.** [ ]
 |
| **(Please detail reasons)**Click here to enter text. |
| **Signed (Head of Dept)** | Click here to enter text. | **Dated:** | Click here to enter a date. |