**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. | |
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| 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](mailto: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.** | | | | |
|  | | | | |
| 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. | |