This form should be completed electronically and the completed form e-mailed to **the Dean of Graduate Studies** at MTU - Cork under the address: Graduate.StudiesCork@mtu.ie. A checklist of any required supplementary documentation can be found in Section 8 of this form.

The symbol 🗎 indicates additional documentation to be submitted together with this application.

|  |
| --- |
| **Date of Submission of Intention to Present:**(To be completed by School of Graduate Studies Office, MTU in Cork) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |  |
| --- | --- |
| **1.** | **Candidate’s Details** |
|  | **Surname** | **Forename** | **Title** | **Gender** |
|  |  |  |  |  |
|  | **Email Address:** | **Mobile Number:** |

|  |  |  |
| --- | --- | --- |
| **2.** | **Academic Department** |  |

|  |  |
| --- | --- |
| **3.** | **Award Sought** |
|  | **MA** | **MBus** | **MEng** | **MSc** | **PhD** |
|  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

|  |  |
| --- | --- |
| **4.** | **Thesis Title** |
|  |  |

|  |  |
| --- | --- |
| **4.1** | **Duration of Research Programme** |
|  | **Date of admission to Masters/PhD Register**: |
| **Full-Time** [ ]  | **Part-Time** [ ]  |

|  |  |
| --- | --- |
| **4.2** | **Changes to Title of Research**Have there been any changes to the title of the research since submission of the research application or application for transfer to PhD? |
|  | **Yes** [ ]  | **No** [ ]  |
|  | If YES, please indicate the reasons for the title change: |
|  | Approved Original Title:  |

|  |  |
| --- | --- |
| **4.3** | **Thesis Abstract (Max 200 words)** |
|  |  |

|  |  |
| --- | --- |
| **4.4** | **Modules Successfully Completed**Under Status, indicate **M** (mandatory) or **E** (Elective).🗎 Please submit proof of completion of modules |
| **Title of Module** | **Level** | **Status** | **No. Credits** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **4.5** | **Resubmission [where applicable]** |
|  | This research work was previously presented for examination:  | [ ]  |
|  | **Date of submission of previous Intention to Present:** |

|  |  |
| --- | --- |
| **5.** | **Supervisors** |

|  |  |
| --- | --- |
| **5.1** | **Principal Internal Supervisor** |
|  | **Name** | **Position** | **Department** |
|  |  |  |  |
|  | **Office No.:** | **Telephone:** | **Email:** |
|  | **Declaration****Please tick one of the following, as applicable:** |
|  | The Principal Internal Supervisor confirms that the research work in respect of which this Intention to Present is submitted is fit for examination.  | Yes [ ]  No [ ]  |

|  |  |  |  |
| --- | --- | --- | --- |
| **5.2** | **Second Internal Supervisor** | Internal Co-supervisor [ ]  | Mentor Supervisor [ ]  |
|  | **Name** | **Position** | **Department** |
|  |  |  |  |
|  | **Office No.:** | **Telephone:** | **Email:** |

|  |  |
| --- | --- |
| **5.3** | **[if there is a 3rd supervisor]** |
|  | Internal Co-supervisor [ ]  | Mentor Supervisor [ ]  | External Supervisor [ ]  | Workplace Mentor [ ]  |
|  | **Name** | **Position** | **Department/Organisation** |
|  |  |  |  |
|  | **Contact Address** | **Telephone** | **Email** |
|  |  |  |  |

|  |  |
| --- | --- |
| **5.4** | **[if there is a 4th supervisor]** |
|  | Internal Co-supervisor [ ]  | Mentor Supervisor [ ]  | External Supervisor [ ]  | Workplace Mentor [ ]  |
|  | **Name** | **Position** | **Department/Organisation** |
|  |  |  |  |
|  | **Contact Address** | **Telephone** | **Email** |
|  |  |  |  |

|  |  |
| --- | --- |
| **6.** | **Examiners** |

|  |  |
| --- | --- |
| **6.1** | **Proposed Internal Examiner****Note that Postgraduate regulation 11.3.1 states**: “*The candidate’s work must be examined by at least one internal examiner in addition to the external examiner. The internal examiners must not include the supervisor(s) or be a member of the Graduate Supervisory Panel or have shared authorship of a peer-reviewed publication or conference paper with the candidate during the period of the research. An internal examiner may however have had a role in monitoring the candidate’s progress.”* |
|  | **Name** | **Department**  | **Position** | **Qualifications**  |
|  |  |  |  |  |
|  | **Office No.:** | **Telephone:** | **Email:** |
|  | **Proposer:** | **Department** |
|  | Role with regard to research programme: |
|  | 🗎 An up-to-date CV (in electronic format and including a full publication list) for the internal examiner has been submitted with this application | [ ]  |

|  |  |
| --- | --- |
| **6.2** | **Proposed External Examiner(s)****Note that Postgraduate regulation 11.2.1 states:** “*The external examiner will be substantially independent of the supervisor(s) and department and of the co-operating off-campus organisation, if any, and shall not have acted as the candidate’s internal or off-campus Supervisor. As a guideline, it is expected that the external examiner would not have shared authorship of a peer-reviewed publication or conference paper with either the supervisor or candidate within a period of five years*”. |

|  |  |
| --- | --- |
| **6.2.1** | **Details of 1st Nominee** |
|  | **Name** | **Position**  | **Organisation** | **Qualifications**  |
|  |  |  |  |  |
|  | **Contact Address** | **Telephone** | **Email** |
|  |  |  |  |
|  | **Proposer:** | **Department** |
|  | Role with regard to research programme: |
|  | The Department has made preliminary contact with the nominee regarding his/her nomination as External Examiner  | **Yes** [ ] **No** [ ]  |
|  | Summary of relevant experience as examiner: |
|  | 🗎 An up-to-date CV (in electronic format and including a full publications list) for the internal examiner has been submitted with this application | [ ]  |

|  |  |
| --- | --- |
| **6.2.2** | **Details of 2nd Nominee [if there is a 2nd nominee]** |
|  | **Name** | **Position**  | **Organisation** | **Qualifications**  |
|  |  |  |  |  |
|  | **Contact Address** | **Telephone** | **Email** |
|  |  |  |  |
|  | **Proposer:** | **Department** |
|  | Role with regard to research programme: |
|  | The Department has made preliminary contact with the nominee regarding his/her nomination as External Examiner  | **Yes** [ ] **No** [ ]  |
|  | Summary of relevant experience as examiner: |
|  | 🗎 An up-to-date CV (in electronic format and including a full publications list) for the internal examiner has been submitted with this application | [ ]  |

|  |  |
| --- | --- |
| **7** | **INTENTION TO PRESENT APPLICATION: declarations/Signatures** |
|  | **This page (Section 10) should be printed out, signed and dated, and submitted to the School of Graduate Studies Office, MTU in Cork, in hardcopy together with the electronic version of the completed Intention to Present form.** |

|  |  |
| --- | --- |
| **APPLICANT’S NAME (printed in block letters)** |  |
| **Award Sought:** | **Department:** |
| **Title of Research:**  |

|  |  |
| --- | --- |
| **7.1** | **Applicant’s Declaration and Signature** |
|  | * + I, the undersigned, certify that I am a registered student of Munster Technological University
	+ I further certify that the information I have provided and any declarations that I have given on this form are correct and truthful.
 |
|  | **Applicant Signature:** | **Date** |

|  |  |
| --- | --- |
| **7.2** | **Supervisors Declaration and Signature** |
|  | * + I, the undersigned, certify that the information I have provided and any declarations that I have given on this form are correct and truthful.
 |
|  | **Principal Supervisor:** | **Date** |
|  | **Second Supervisor:** | **Date** |
|  | **Mentor Supervisor:** | **Date** |
|  | **External Supervisor:** | **Date** |
|  | **Work-Place Supervisor:** | **Date** |
|  | **Other Supervisor:** | **Date** |
|  | **Chair, Graduate Supervisory Panel:** | **Date** |

|  |  |
| --- | --- |
| **7.3** | **Chair of Graduate Supervisory Panel and/or Head of Department** |
|  | **Name** | **Position** | **Department** |
|  |  |  |  |
|  | **Office No.:** | **Telephone:** | **Email:** |
|  | DECLARATION: The Chair of the Graduate Supervisory Panel and/or Head of Department confirms that the research work in respect of which this Intention to Present is submitted is fit for examination. [ ]   |

**8. SUBMISSION OF NECESSARY ADDITIONAL DOCUMENTATION CHECKLIST**

The following checklist contains all supplementary documents which have to be submitted together with this application form. Please refer to the list to ascertain which document should be submitted in what format.

All supplementary documentation should be addressed to the Dean and should be sent at the same time as the completed electronic application form. Please ensure that all supplementary documents make clear reference to the application they accompany. (In the case of electronic documents, the file name, too, should clearly link the file with the application it supplements.)

 **Document (Re. Form Section) Format of Submission**

[ ]  Proof of completion of modules 5.4 Electronic

[ ]  CV for Internal Examiner 7.1 Electronic

[ ]  CV for External Examiner(s) 7.2.1 – 7.2.2 Electronic

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

[For School of graduate studies Office, MTU in Cork Use only:]

|  |  |
| --- | --- |
| **APPLICANT’S NAME (printed in block letters)** |  |
| **Award Sought:** | **Department:** |
| **Title of Research:**  |

|  |  |
| --- | --- |
| **1** | **intention to present submitted to dean of graduate studies Office in Cork on:** |

|  |  |
| --- | --- |
| **2** | **Status** |
|  | **Examiners approved** | **Yes** [ ] **No** [ ]  |
|  | **Applicant approved for presentation of research work for examination** | **Yes** [ ] **No** [ ]  |
|  | **If NO is recorded for either, follow actions:** |

|  |  |
| --- | --- |
| **3** | **Dean of Graduate Studies, MTU in Cork Sign-Off** |
|  | **“The DEAN OF GRADUATE STUDIES of Munster Technological University, Cork, Approves the Above Intention to Present Application.”** |
|  | **Signed:** |
|  | **Date:** |