

**PGR student Start of Session form**

**To be completed in liaison with the principal supervisor and to be returned to** [**doctoralschool@royalholloway.ac.uk**](mailto:doctoralschool@royalholloway.ac.uk) **within three weeks of the student’s start date**

|  |  |
| --- | --- |
| Student name |  |
| Student ID |  |
| Department |  |
| Full or part-time |  |
| Start date |  |
| Research Group(s) (if applicable) |  |
| Working short project title |  |

Please refer to the ‘supervisory team’ section of our online [guides](https://intranet.royalholloway.ac.uk/doctoral-school/pgr-staff-tools/quick-link-to-pgr-forms.aspx) for information on the supervisory team roles, responsibilities and percentage weighting. Please note that advisors are merely pastoral – if a member of the team has input in the student’s research, they should be recorded as a supervisor.

|  |  |  |
| --- | --- | --- |
|  | Name | % split of supervision |
| Principal supervisor |  |  |

Additional supervisory team members

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name (Including title) | Role in the supervisory team | Percentage split where the role is supervisory | Member of Royal Holloway staff  (please check) | External to Royal Holloway  (please check) |
|  | Choose an item. |  |  |  |
|  | Choose an item. |  |  |  |
|  | Choose an item. |  |  |  |
|  | Choose an item. |  |  |  |

The description of these supervisory team roles are in the [Code of practice for research degree students and supervisors](https://intranet.royalholloway.ac.uk/students/study/our-college-regulations/attendance-and-academic-regulations.aspx).

The percentage weighting of all supervisor roles should total 100%.

Where members of the team are external, please complete details on page 2.

**External supervisory team information – if applicable**

|  |  |
| --- | --- |
| Title |  |
| Name |  |
| Institution |  |
| Address |  |
| Email address |  |
| Phone number |  |

|  |  |
| --- | --- |
| Title |  |
| Name |  |
| Institution |  |
| Address |  |
| Email address |  |
| Phone number |  |

|  |  |
| --- | --- |
| Title |  |
| Name |  |
| Institution |  |
| Address |  |
| Email address |  |
| Phone number |  |

**By signing this form we confirm the details above and that we have read, understand and will comply with the Royal Holloway Code of Practice for Research Degree Students and Supervisors \***

|  |  |  |
| --- | --- | --- |
|  | Signature | Date |
| Student |  |  |
| Principal supervisor |  |  |

Additional team names and signatures

|  |  |  |
| --- | --- | --- |
| Name | Signature | Date |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

\* Please note that if the form is being completed online, a typed signature is sufficient but all parties must be copied into the email when the form is sent to [doctoralschool@royalholloway.ac.uk](mailto:doctoralschool@royalholloway.ac.uk) as confirmation that all members of the supervisory team listed are aware of their role.