On completion, this form should be returned to Student Awards, Registry at least two weeks in advance of the scheduled meeting of the Graduate Research Studies Board (GRSB). See Schedule of Meetings [http://www.dcu.ie/timetables/index.shtml](http://www.dcu.ie/timetables/index.shtml).

### Permission to Reside/Carry out Research Abroad

Section 4.5 of Academic Regulations for Postgraduate Degrees by Research and Thesis outlines that supervisors, on behalf of registered students, or new applicants, wishing to reside and undertake research outside Ireland for a period of six months or more must inform the Graduate Research Studies Board (GRSB). This applies to cases not subject to a co-supervision or joint award agreement with an external institution. Notification should be given in advance to GRSB.

*(N.B. Only Typed Forms will be accepted by the GRSB)*

Please attach template agreement as per Section 7.15 of the Academic Regulations.

<table>
<thead>
<tr>
<th>Name of Candidate</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Student ID Number</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Entry into the Research Programme</th>
<th>Current Registration Mode</th>
</tr>
</thead>
<tbody>
<tr>
<td>(please tick as appropriate)</td>
<td>Full-time ☐ Part-time ☑</td>
</tr>
</tbody>
</table>

School

Reason for residing abroad and rationale for registering in DCU rather than locally?

Period of time you wish to reside abroad.

Arrangements for supervisor oversight of the field, experimental or other work
The Student, Principal Supervisor(s) and Head of School are asked to indicate their agreement for the candidate to reside/carry out research abroad, and that the guidelines for remote supervision in section 7.15 of the Academic Regulations for Postgraduate Degrees by Research and Thesis will be adhered to, by signing below:

Sign: ___________________________  Print: ___________________________  Date: __________
Student

Sign: ___________________________  Print: ___________________________  Date: __________
Principal Supervisor(s)

Sign: ___________________________  Print: ___________________________  Date: __________
Head of School/Nominee (A Nominee may be the Research Convenor or Deputy Head)

*Insert additional signature lines if required and identify that person’s role.

Data Protection Notice

Personal information that you submit to Registry in connection with any service provision will be treated in accordance with the DCU Data Protection Policy which can be viewed at the following website address: