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| Individual Arrangements and Checklist for Student on a PhD by Distance Learning |

This document should be read in conjunction with the University Framework for a PhD by Distance Learning and the Evidence of Compliance with the University Framework. It should be completed during the first supervisory meeting, signed by the student and by the Director of the Faculty Graduate School. If arrangements are modified during the student’s candidature, both parties should sign to confirm the changes.

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| **Name of Student** |  | | | |
| **Name of Main Supervisor** |  | | | |
| **Name of 2nd Supervisor** |  | | | |
| **Name(s) of additional supervisor(s)** |  | | | |
| **Name of PhD by Distance Learning Programme\*** |  | | | |
| **Faculty** |  | | | |
| **Date of Registration** |  | | | |
| **Full time/part time** |  | | | |
| \* Please insert the relevant name of the Faculty-approved programme e.g. ‘PhD by Distance Learning in [academic discipline]’Use the tick boxes to confirm that the following subjects have been discussed with the student, and the right hand column to make any relevant comments | | | | |
| **Residency at Southampton** | | | | |
| Student has been made aware that he/she is responsible for the arranging and paying for any periods of residency.  Induction  First Year Presentation or 1st Progression Review  MPhil/PhD Upgrade or PhD Confirmation  Viva  Other (*please specify)* | |  | | |
| **Research Environment** | | | | |
| PGR networks (Faculty and University)  Student led conferences at UoS  Subject specific research seminars (if applicable)  Supervisor has discussed with student opportunities to engage with local research community  Other (*please specify)* | |  | | |
| **Facilities** | | | | |
| Access to library resources  Access to IT (BlackBoard etc)  Access to help with electronic resources  Access to appropriate work space and equipment during the student’s periods of residency in Southampton  Other (*please specify)* | |  | | |
| **Research Training and Transferable Skills Training** | | | | |
| Academic and Training Needs Analyses  Access to training (at University and Faculty level and discipline specific)  Access to English Language support  Other (p*lease specify)* | |  | | |
| **Supervision** | | | | |
| Frequency and mode of supervisions *(please give detail in right hand column)*  Frequency of face-to-face meetings (this should be a minimum of once in any 12-month period)  Nature of local support (if applicable)  Whether supervisory team will visit student during his/her candidature (*please give detail in right hand column)*  Other (*please specify)* | |  | | |
| **Monitoring and Review** | | | | |
| Need to engage with Tracker  Need to complete the Annual Progress Review | |  | | |
| **Approval and sign off** | |  | | |
| Student: |  | | Date |  |
| Main Supervisor |  | | Date |  |
| Second Supervisor |  | | Date |  |
| Additional Supervisor(s) |  | | Date |  |
| Director of Faculty Graduate School (or nominee) |  | | Date |  |
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