UNIVERSITY OF DUBLIN

TRINITY COLLEGE

GRADUATE STUDIES OFFICE

A CO-SUPERVISOR REQUEST FORM

Please complete this form fully for approval by the Dean of Graduate Studies. Completed forms to be returned to Graduate Studies Office by email: genadgso@tcd.ie

**FULL NAME OF STUDENT:**

**STUDENT NUMBER:**

**Name of Director of Teaching and Learning (Postgraduate):**

**Signature of Director of Teaching and Learning (Postgraduate):**

**RESEARCH PROGRAMME: YEAR:**

**CURRENT PRINCIPAL SUPERVISOR:**

**NAME OF CO-SUPERVISOR** (to be appointed):

**ACADEMIC TITLE of CO-SUPERVISOR (please select one only):**

Professor/Research Professor/Clinical Professor [ ]

Associate Professor/Associate Research Professor/Associate Clinical Professor [ ]

Assistant Professor/Assistant Research Professor/Assistant Clinical Professor [ ]

Senior Research Fellow [ ]

Members of the academic staff on contract may be a Co-Supervisor, but only if they are on a contract of indefinite duration or a contract which extends beyond the maximum period of the student’s registration (i.e., 2 years for a Masters, 4 for a PhD). [ ]

**SIGNATURE OF PRINCIPAL SUPERVISOR**:

**COMMENTS** (reasons for requesting co-supervision):

**DATE:**

**SIGNATURE OF DEAN OF GRADUATE STUDIES:**

**DATE:**