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**UNIVERSITY OF DUBLIN**

**TRINITY COLLEGE**

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

**RESEARCH PROGRAMME:**

**YEAR:**

Version: 2.0 Issued: 21/12/22

**GRADUATE STUDIES OFFICE**

**Adjunct 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 - Email: genadgso@tcd.ie

FULL NAME OF STUDENT: STUDENT NUMBER:

Name of Director of Teaching and Learning (Postgraduate):

CURRENT PRINCIPAL SUPERVISOR:

**NAME OF Adjunct Supervisor** (to be appointed) and institutional affiliation:

Is the Adjunct Supervisor currently/will be an Adjunct Professor? YES/NO Have the academic qualifications of Adjunct Supervisor been checked by

the Director of Teaching and Learning (Postgraduate)? YES/NO

SIGNATURE OF PRINCIPAL SUPERVISOR:

**COMMENTS** (reasons for requesting adjunct supervision):

The Supervisory team should be as follows: Primary Supervisor:

Co-Supervisor: Adjunct Supervisor:

DATE:

SIGNATURE OF DEAN OF GRADUATE STUDIES: DATE: