**Annex H:**

**Appointment of External Supervisor**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Research student details | | | | | | |
| **Student ID Number:** | | |  | | | |
| **Surname:** | | |  | | | |
| **First name(s):** | | |  | | | |
| **School:** | | |  | | **Division:** |  |
| **Course of study:** | | |  | | | |
| Supervisory team at Kent In accordance with [Annex H](https://www.kent.ac.uk/teaching/qa/codes/research/documents/copr2020-annexh-supervision-v2.pdf) (*Supervision*), the Supervisory team must comprise at least two members of academic staff at Kent. One of the team must be a designated Supervisory Chair approved by the University. Please put an asterisk next to the Supervisory Chair. | | | | | | |
| **Name:** |  | | | | **Role:** |  |
| **Name:** |  | | | | **Role:** |  |
| Proposed external supervisor | | | | | | |
| **Surname:** | | |  | | | |
| **First name(s):** | | |  | | | |
| **Position:** | | |  | | **University:** |  |
| **Address:** | | |  | | | |
| **Email:** | | |  | | **CV attached:** | (please tick) |
| Please outline the reasons for the appointment of the external supervisor | | | | | | |
|  | | | | | | |
| External supervision period | | | | | | |
| **Period of external supervision commences on:** | | | |  | | |
| **Period of external supervision finishes on:** | | | |  | | |
| Conditions of appointment | | | | | | |
| * I agree to assist in the supervision of the research work of the above named research student (including final preparation of the thesis up to the point of submission and successful completion of the research award). * I confirm that I am appropriately qualified and experienced to supervise the particular research work of the candidate. * I have read [Annex H](https://www.kent.ac.uk/education/regulatory-framework/codes-of-practice-for-research-courses#annexh): Supervision and [Annex J](https://www.kent.ac.uk/education/regulatory-framework/codes-of-practice-for-research-courses#annexj): Progression and Examination and agree to abide by these. * I agree to contribute to any progression reviews as required by the University’s Code of Practice for the Quality Assurance of Research Courses of Study during the time I am supervising the research student. * I agree to maintain a comprehensive record of documents, emails and correspondence relating to my supervision of the student. * I agree to respond with feedback to the research student in a timely fashion following the submission of their research work to me for consideration. | | | | | | |
| **Signature:** | |  | | | | |
| **Date:** | |  | | | | |
| Approval | | | | | | |
| The school agrees to cover the appointment costs and the expenses of the external supervisor in undertaking this role: | | | | | | |
| **Head of School** | | | | | | |
| **Name:** | |  | | | | |
| **Signature:** | |  | | | | |
| **Date:** | |  | | | | |
| *Once signed, please forward this form to the Quality Assurance and Compliance Office* | | | | | | |
| **Divisional Director of Graduate Studies and PG Student Experience** | | | | | | |
| **Name:** | |  | | | | |
| **Signature:** | |  | | | | |
| **Date:** | |  | | | | |
| **Dean of the Graduate and Researcher College** | | | | | | |
| **Name:** | |  | | | | |
| **Signature:** | |  | | | | |
| **Date:** | |  | | | | |