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|  | ***Notification of NEW Postgraduate Supervisor Details*** |
|  **Student Registry** |  |

Please use this form to notify of a new postgraduate supervisor. Once completed, this form should be returned to: **Student Registry** **studentrecords@offices.admin.cam.ac.uk**

**Part 1 - New Supervisor Details**

Please note all fields marked with a star (\*) must be completed. Data which is provided will be used by the Student Registry and CamSIS to verify the new supervisor on the CamSIS system, and to ensure the new supervisor will be given the correct access to be able to use PFRS. If any starred fields are left blank, the form will not be processed.

|  |  |  |  |
| --- | --- | --- | --- |
| **Title\*** | **First Name\*** | **Middle Name(s)\*** | **Surname\*** |
|  |  |  |  |
| **Date of Birth\*** | **Department/Faculty new supervisor’s students are at\*** |
|  |  |
| **CRSid\*** | **New supervisor preferred e-mail address\*** |  |
|  |  |
| **Postal address for purposes of correspondence with postgraduate supervisor (if not Department/Faculty)** |
|  |
| **Employment status\*** |  |
| **Job title:**  |
|  | an academic member of Cambridge University, Cambridge College or another English HEI \*\*  | Is it a permanent or fixed-term contract? |
|   | none of the above | If fixed-term, please provide start and end dates: |
| **Training\*** |
| **Will the supervisor be supervising *research* students? YES/NO (please delete as appropriate)****If the supervisor will be supervising research students, have they completed mandatory University training for supervising postgraduate research students?****YES/NO (please delete as appropriate)** |
| **If no, has the supervisor confirmed they will complete the mandatory training at the earliest opportunity?****YES/NO (please delete as appropriate)** |

***\*\**** *being employed by a University Partner Institution does not count as being an academic member of the University*

**Part 2 – Supervisor’s Previous Details (where applicable)**

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| Was the new supervisor previously a student at Cambridge (yes/no)? |
|  |
| **Previous Title** | **Previous First Name** | **Previous Middle Name(s)** | **Previous Surname** |
|  |  |  |  |

##### Part 3 – Authorisation

All fields marked with a star (\*) **must** be completed. Forms without valid authorisation will not be processed.

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| --- |
| **I confirm on behalf of the Degree Committee that the details regarding the new supervisor are correct.** |
| **Name of Degree Committee\*** |  |
| **Name of authorised officer of Degree Committee\* (please print in block capitals)** |  |
| **Signature (if returning by post\*)** |  |
| **CRSid and e-mail address (if returning by e-mail)\*** |  |
| **Date\*** |  |

|  |  |  |
| --- | --- | --- |
| **Student Registry use only** | New USN: |  |