# UoL logo (new)

# College of Life Sciences

**Proposal for an MD Project**

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| --- | --- |
| **STUDENT** | |
| **Name** |  |
| **Qualifications (with dates)** |  |
| **Does the student meet the criteria specified in Senate Regulation 9.12 (detailed below)?** Yes No | |
| **Previous Posts** |  |
| **Please attach a CV for the Student** | |

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| --- | --- | --- | --- |
| **SUPERVISOR** | | | |
| **Name** |  | | |
| **Contact Phone Number** |  | **Email Address** |  |
| **CO-SUPERVISOR(S) (Projects require at least one Co-Supervisor. 3rd Supervisors are also permitted\*)** | | | |
| **Name** |  | | |
| **Contact Phone Number** |  | **Email Address** |  |
| **Name** |  | | |
| **Contact Phone Number** |  | **Email Address** |  |
| **EXTERNAL COLLABORATOR(S) (if any)** | | | |
| **Name** |  | | |
| **Department/Institution** |  | | |
| **Position** |  | | |

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| **PROJECT** | |
| **Project Title (Maximum 20 words)** |  |
| **Background to the Project (Maximum of 2 pages)** | |
| Hhipl1b | |
| **Hypothesis (Maximum of 100 words)** | |
|  | |
| **Brief outline plan of research and proposed timeline with Gantt chart if appropriate (Maximum of 3 pages)**  **[N.B. Registration for P/T MD: Minimum 2 years and Maximum 5 years]** | |
|  | |
| **References** | |
|  | |
| **Methodology to be used (Maximum of 500 words)** | |
|  | |
| **Do the supervisors have a track record in this area? If not, describe how any gaps in expertise will be dealt with through collaborations and/ or training.** | |
|  | |
| **Is ethics approval required? If so, please indicate status below** Yes No | |
|  | |
| **Is a Clinical Contract, Research Passport or Letter of Access required?** Yes No  **If so, please complete Assessment Form provided [Appendix A]. This is especially important for Overseas candidates.** | |
|  | |
| **Is an animal licence required? If so, please indicate status below** Yes  No | |
|  | |
| **Is any funding already available? If so, please give details below**  Yes  No | |
|  | |

Please remember to include all supporting documents and in particular the student’s CV and completed Assessment Form [if appropriate].

\*Further information on appointing a Supervisory Team can be accessed [here](https://uniofleicester.sharepoint.com/:b:/r/sites/staff/doctoral-college/guidance-support/Shared%20Documents/Tutor%20%26%20Supervisor%20Guidance%20PDFs/The%20Supervisory%20Team%20-%20PGR%20Tutor%20and%20Supervisor%20Guidance.pdf?csf=1&web=1&e=asn1am)

**Senate Regulation 9.12:**

Applicants for the degree of MD must be:

1. a graduate in medicine of the University of at least three years standing, or
2. a graduate in medicine of another university recognised by the Senate for this purpose, provided that:
   * a. the qualification was obtained at least three years previously
   * b. the qualification is recognised for registration by the General Medical Council of the United Kingdom
   * c. the applicant is, at the time of the application, either:
     + i. member of the University’s academic staff or is otherwise engaged in appropriate clinical or scientific work within the Leicestershire area or, in special cases, in any hospital associated with the University’s School of Medicine, or
     + ii. can, in the opinion of the MD Degree Board of Studies, demonstrate a compelling reason why they should be allowed to register with the University as opposed to the university of their original qualification or place of work, and for whom appropriate supervision can be provided.

Exceptionally, the Senate may waive the requirement that the applicant shall be a graduate in medicine of a university. If this requirement is waived the applicant shall be required to hold a qualification recognised for registration by the General Medical Council of the United Kingdom obtained at least five years previously and, at the time of application, be a member of the University’s academic staff or otherwise engaged in appropriate clinical or scientific work within the Leicestershire area or in any hospital associated with the University’s School of Medicine.