**OUTGOING VISITING RESEARCH STUDENT APPROVAL FORM**

**FOR REGISTERED UOL STUDENTS**

This form is intended for UoL registered students who intended to stay as a Visiting Research Student at another institution. For further information and definitions see [Appendix 13 PGR Policy and Procedures for Visiting Research Students, section 9](https://www.liverpool.ac.uk/media/livacuk/tqsd/code-of-practice-on-assessment/appendix-13-PGR-CoP.pdf).

Students on a Student Route visa (formally Tier 4 visa) may need additional approval to relocate as a visiting research student at another institution, as there may be restrictions around this type of visa.

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| **Section A - Student details** | |
| **Student ID Number** |  |
| **Student Name** |  |
| **School / Institute** |  |
| **Programme of study (e.g. PhD)** |  |
| **Mode of study (e.g. full-time)** |  |
| **Primary supervisor** |  |
| **Student’s emergency contact details (name, relationship, telephone, email, address)** | **Name:**  **Relationship:**  **Mobile:**  **Email:**  **Address:** |
| **Please indicate if you currently hold a Student Route/ Tier 4 visa** | ***Please note that if in possession of this visa you will need to have an additional approval stage (section H), to ensure the visit is compliant with any visa restrictions.*** |
| **Section B – VRS placement details** | |
| **Name of institution the student plans to visit** |  |
| **Address** |  |
| **Start / end dates of visit**  Minimum = 4 weeks  Maximum = 12 months |  |
| **Offsite Supervisor**  If the visit is more than 8 weeks, the off-site supervisor should be considered for ‘recognised supervisor’ status. |  |
| **Off-site supervisor contact details** (email, telephone number, address) |  |
| **Supervisor Plan**  Give details of the agreed supervisory arrangements that will be in place during the visit. e.g. for full-time students, how will monthly meetings be conducted? What format will these take, face to face, Skype etc? |  |

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| **Section C – Statement** | |
| **Provide a statement confirming how the visit will be relevant to the student’s research. You may also wish to outline any potential career benefits to the student or collaboration benefits to UoL**  Minimum 100 words |  |
| **Section D – Evidence / confirmation of attachments (tick box)** | |
| **Risk Assessment form** |  |
| **Evidence of the host institution’s acceptance of the student for the duration of the visit** |  |
| **Evidence of approved UoL travel insurance for the duration of the visit** |  |
| **Off-site supervisor’s CV** |  |
| **Additional evidence that the visit is relevant to the student’s research** | (optional) |
| **Section E – Request from UoL student** | |
| **Name** |  |
| **Signature** |  |
| **Date** |  |
| **Section F – Request from Primary supervisor** | |
| **Name** |  |
| **Signature** |  |
| **Date** |  |
| **Section G - Approval by School / Institute PGR Director** | |
| **Approved** |  |
| **Name** |  |
| **Signature** |  |
| **Date** |  |
| **Section H – (Only for PGR’s in possession of a Student Route Visa/ Tier 4 Visa) Approval by UKVI Compliance Officer** | |
| **Approved** |  |
| **Name** |  |
| **Signature** |  |
| **Date** |  |

Send this form and attachments to your School / Institute PGR Director for approval.