Background pattern  Description automatically generated with medium confidence

GS-070: Visiting Postgraduate Research Student Set-up Form

Postgraduate Research Students planning to access University of Galway **research facilities** must complete this form Please complete in BLOCK LETTERS and return to your Supervisor for authorisation.

**If you have not previously attended University of Galway you must attach a copy of your Birth Certificate / Passport personal page(s)**

**Previous University of Galway Student Number**

**Personal Details (as on Birth Certificate/Passport)**

**Permanent/Home Address**

Surname

First name

Date of Birth (DD/MM/YYY) Gender (please tick as appropriate) Nationality

Country of Birth

Contact number:

E-mail:

**Home Institution:**

**Home Institution Supervisor Host Institution:**

**Host Academic Mentor:**

**Declaration and Authorisation**

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I certify that the information on this form is correct and complete. In the event of being accepted and registered in the University of Galway I have read its Terms and Conditions (<https://www.universityofgalway.ie/registration/quick-links/terms/>) and undertake to obey the rules, policies and regulations of the University. I authorise University of Galway to supply any relevant information to the Department of Further and Higher Education Research Innovation and Science and the HEA.

**Student signature: Date:**

Start Date at University of Galway: End Date at University of Galway:

School/Unit at University of Galway:

Male: Female: Non binary: Prefer not to say:

**Supervisor Authorisation**

**Please send the completed form to the relevant College:**

**CoASSCS:** (VRAR) [artspostgrad@universityofgalway.ie](mailto:artspostgrad@universityofgalway.ie)

**CoBPPL:** (VRBL) [CBPPL@universityofgalway.ie](mailto:CBPPL@universityofgalway.ie) **CoMNHS:** (VRHC) [cmnhs@universityofgalway.ie](mailto:cmnhs@universityofgalway.ie) **CoSE:** (VRSE) [cora.costello@universityofgalway.ie](mailto:cora.costello@universityofgalway.ie)

**GSB-25-A05-V1.4**

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**Supervisor signature: Date:**

**Supervisor name (BLOCK LETTERS: Supervisor Email Address:**