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)

Nationality

Country of Birth

Contact number:

Start Date at University of Galway:

End Date at University of Galway:

School/Unit at University of Galway:

E-mail:

**Home Institution:**

**Home Institution Supervisor**

**Declaration and Authorisation**

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:**

**Supervisor Authorisation**

**Supervisor signature: Date:**

**Supervisor name (BLOCK LETTERS:**

**Supervisor Email Address:**

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

**ASSCS:** (VRAR) dermot.flaherty@universityofgalway.ie  
**BPPL:** (VRBL) CBPPL@universityofgalway.ie **CSE:** (VRSE) cora.costello@universityofgalway.ie **MNHS:**  (VRHC)[cathal.oflatharta@universityofgalway.ie](mailto:cathal.oflatharta@universityofgalway.ie)