A close up of a logo

Description generated with very high confidence

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| **REQUEST FOR PERMISSION TO SPEND TIME AWAY FROM HIGHER EDUCATION INSTITUTION**   * Scholars are expected to maintain their principal residence in the Republic of Ireland for the duration of the scholarship. Furthermore, scholars must maintain a presence within their respective departments throughout their scholarship and reside within a reasonable travelling distance of the higher education institution. * The only exception to this requirement is to cover periods of fieldwork or research visits which are an essential part of the scholar’s research. * In order to take up such an opportunity of more than four weeks’ duration, the scholar **must apply in advance** to the Council for permission and include the written support of their academic supervisor. * Scholars requesting to spend time in another higher education institution must submit a letter from their proposed supervisor there to confirm that they are willing to host them. This letter should be on headed paper and outline plans for monitoring the progress of the scholar’s research while they are away from their host institution. * The Council will not be liable for any additional fees or expenses associated with such opportunities. Information regarding any research-related trips must be documented as part of the required progress reporting. |

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| **Section 1 – For completion by the scholar** |

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| Name: |  |
| Project ID: |  |
| Higher education institution: |  |
| Email address: |  |
| Exact location of fieldwork or research visit: |  |
| Duration of fieldwork or research visit: | --/--/---- to --/--/---- |
| Please outline your reasons for requesting to spend time away from your higher education institution including how the time away will benefit your research: | |
| Signature: | Date: |

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| **Section 2 – For completion by THE Academic Supervisor** |

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| Please give a brief outline of plans for monitoring the progress of the scholar’s research while they are away from their higher education institution: |

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| I hereby confirm that I support the request as outlined above: | |
| Name: | Position: |
| Signature: | Date: |
| Please authorise with institutional seal or stamp: | |