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|  | Student and Academic ServicesGraduate School |  |

# **DISTANCE LEARNING**

**ADDITIONAL INFORMATION FORM**

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| **SECTION 1** |
| **Personal Details** |
| First name(s): |  | Title: |  |
| Surname: |  |
| I would like to be considered for a Distance Learning Scholarship: YES/NO |

**SECTION 2**

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| **Details of ability to work at a distance and independently** |
|  Please provide evidence of your ability to study at a distance and independently. For example:* Previous completion of distance qualification(s) and/or short courses
* Previous completion of an independent research project
* Professional experience

 |
| **Details of resource requirements of your proposed research programme** |
| Please indicate below if you need any of the following resources **in addition** to the MMU resources available to all research students. If the answer is ‘yes’ to any item, please indicate how you will be able to access the resources required. |
| Access to library facilities: |  |
| Access to IT facilities: |  |
| Access to communications, including email and video conferencing (e.g. Skype, FaceTime or equivalent): |  |
| Contact with other postgraduate researchers and academic staff: |  |
| Access to facilities to support any study-related disability or wellbeing need: |  |
| Please state the specialist resources which you will need to access to undertake the research (e.g. Special Manuscript Collection; Access to Laboratory etc):  |
| Please state how you will be able to access the required resources from your location of study:  |
| Are any of these resources owned or managed by another person or institution (e.g. your employer)?If yes, state name(s):  | YES/NO |

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**RESOURCES DECLARATION FORM**

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| **SECTION 1** |
| **To be completed by the applicant** |
| First name(s): |  | Title: |  |
| Surname: |  |
| Degree Applied For: |  |
| Subject Area: |  |
| Resources required: |  |

**SECTION 2**

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|  **To be completed by Resource Manager** |
| *The above named applicant has identified that they will require access to a resource that you manage as a part of their research degree.**Please complete and return this form to MMU via email or post* |
| Name: |  | Title: |  |
| Position: |  |
| Name of institution/organisation: |  |
| Address: |  |
| Telephone number: |  |
| Email Address: |  |
| The resources as identified above are available and will remain so for the foreseeable future  | YES/NO |
| The person identified above has permission to use these resources to undertake postgraduate research as a student of MMU | YES/NO |
| *I declare that the information in this form is honest and accurate to the best of my knowledge.*  |
| Signature:Date: |