

Higher Degrees Research and Publication Committee

Faculty of Medicine and Allied Sciences Rajarata University of Sri Lanka Application for the upgrade of MPhil to PhD

Part A					
Name of the candidate with initials	[
Registration number					
Title of the research study (MPhil)					
Title of the research study (PhD) (<i>if</i>					
any change was made in the title)					
any change was made in the title)					
Date of registration	(DD/MM/Y	Y)			
Type of registration	Par time			Full time	
Any discontinuation period of the	Yes / No				1
study which was approved by the					
HDRPC?					
If 'Yes' the period of	From (DD/	MM/Y	<i>Y</i>) to (<i>DD</i> / <i>MM</i> / <i>YY</i>)		
discontinuation					
Expected end date of the study	(DD/MM/Y	<i>Y</i>)			
Financial assistance for the					
upgraded study					
Suggested reviewers	1.				
	2.				
	3.				
	4.				
	5.				

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	Objectives	Completed $()$	Publication (provide as a reference)	
			Research paper	Abstract
MPhil				

PhD – Please write an account indicating the rationale in upgrading the MPhil to PhD. You may include the additional upgraded objectives or may justify the increase in depth of the objectives of MPhil, indicating the relevant publications led to the upgrade.

Awards won during the MPhil study

Part C – Check list of the components of the full PhD proposal <u>(Following components should be</u> included in to the full proposal as separate sections)

Introduction/ Background

Research questions

Objectives (MPhil) – state whether the objectives were completed or not

Rationale for the upgrade (additional upgraded objectives or increase in depth of the objectives of MPhil)

Literature review (literature relevant to the MPhil and PhD)

Methodology (MPhil) – *state the methodology followed to achieve each objective separately and the publications relevant to each objective*

Methodology (PhD)

Gantt chart

Budget

Financial support (Funds/ grants)

References

Part D			
Approval from the su	pervisors:		
	Name	Signature	Date
Principle supervisor			
Associate supervisor			
Associate supervisor			
Approval from the Ho	ead of the Departmen	t (if relevant):	
Name	Department	Signature	Date

Check list

Duly filled application
Full research proposal
Copies of the published work

I certify that the information given above is true and correct to the best of my knowledge.

Signature of the applicant

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Date

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