

Application Form



Academic Year: 2026–2027

Doctor of Philosophy (PhD) & Master of Research (MRes) Programmes



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Section A: Personal Information

Field	Response
Full Name	
Date of Birth	
Nationality	
ID/Passport Number	
Contact Number	
Email Address	
Current Address	

Section B: Programme Selection

Please indicate the programme and track you are applying for:

Degree Level:

- ☐ Doctor of Philosophy (PhD)
- ☐ Master of Research (MRes)

Programme Selection/Choice

Please tick **one** programme track:

- ☐ AI & Quantum Systems
- ☐ Robotics & Mechatronics
- ☐ Aerospace Systems & Propulsion
- ☐ Architectural Systems & Infrastructure Design
- ☐ Mechanical Systems & Energy Logic
- ☐ Biomedical Systems Engineering
- ☐ Materials Science & Smart Systems
- ☐ Fibre Optics & Nanophotonics
- ☐ Cardiothoracic Medicine
- ☐ Neuroscience
- ☐ Orthopaedics
- ☐ Psychiatry
- ☐ Clinical Dentistry
- ☐ Occupational Therapy
- ☐ Immunology & Microbiology
- ☐ Medicine (MD Res)

Section C: Academic Background

Field	Response
Highest Qualification	
Institution	
Year of Completion	
Field of Study	
GPA / Final Grade	
Other Relevant Qualifications	

Section D: Research Proposal Summary

Please attach a full proposal and provide a brief summary below:

Title of Proposal: _____

Summary (max 250 words):

Section E: Supporting Documents Checklist

Please ensure the following documents are submitted with your application:

- ☐ Certified Academic Transcripts
- ☐ Degree Certificates
- ☐ Curriculum Vitae
- ☐ Identity Document or Passport Copy
- ☐ Research Proposal (Full)
- ☐ Two Academic Reference Letters
- ☐ Proof of English Language Proficiency (if applicable)
- ☐ Proof of Application Fee Payment

Section F: Declaration

I hereby declare that the information provided is accurate and complete. I understand that this is a research programme and does **not confer clinical licensure**. I agree to abide by the academic and ethical standards of Springfield Research University.

Signature: _____ **Date:** _____