



To be completed by the Postgraduate Research Co-ordinator and signed by the Convenor of the Faculty Research Group for submission to Research & Innovation Office for approval by the Sub-Dean (Research Students).

Please TYPE or PRINT on this form in BLACK ONLY.

1. APPLICANT

Name (*Surname in capital letters*):

2. COURSE APPLIED FOR :

Note: to Supervisor: (Please specify your Research Group)

3. COURSE TRANSFER

(This section is applicable only if student is transferring or upgrading from another research degree)

Tick one of the following:

From within the Faculty From within the University From another Institution

Course currently enrolled in: PhD / HScD / Master / Generic Master (*Please circle one*)

Course recommended by **F R G**: PhD / HScD / Master / Generic Master (*Please circle one*)

Consumed RTS or HECS Exemption: ___ semesters FTE

Details of Scholarship held: (*If applicable*) _____

4. I recommend that this applicant (*please select one of the three following alternatives*) -

(i) **BE ADMITTED** to a Preliminary / Qualifying Program and unit(s) of study consisting of :

(ii) **BE OFFERED ADMISSION** as a FULL-TIME PART-TIME candidate
(subject to quota restrictions)

On-Campus

Off-Campus (within or outside Australia)

For **all off-campus students**, please attach a detailed written plan that outlines how the School will ensure that there is appropriate supervision, skill development, intellectual climate and infrastructure for the student (see Faculty Guidelines for Off-Campus students).

- Commencing in semester _____ 200_____

If the student has had a previous postgraduate research enrolment in any Australian academic institution, how many FTE semesters have been consumed from previous study? _____

(iii) **NOT BE** admitted to candidature or to a Preliminary / Qualifying Program for the following reason -

the applicant has an inappropriate type and / or level of preparatory studies

the applicant has an inadequate level of achievement

the quota for the year has been filled research area is not available

resources are not available supervision is not available

applicant has not had 3 years recent professional experience (for HScD applicants only)

5. PROBATION

I recommend that the applicant be required to meet the following conditions for confirmation of probationary status –

6. RESOURCES

The University requires the **Convenor of the Faculty Research Group** to certify before recommending the admission of any applicant that there are sufficient supervisory and other resources and facilities available to enable that candidature to be completed successfully.

What resources are needed to undertake the research proposed? *(Tick one or more of the following)*

Office space Equipment Computing Library Laboratory

Other *(Please specify)*

Are the stated resources currently available to the student to enable completion of the research proposed? Yes No

If no, what steps have been taken to ensure that the resources will become available?

7. SUPERVISION

Principal Supervisor

Name: _____

Faculty Research Group: _____

Phone: _____ Facsimile: _____

E-mail: _____

Highest degree: _____

Current supervisory load (FTE):

Note: If your load as a Principal Supervisor is more than 5.0 FTE PG students (PhD, HScD, Master), has approval been given by the Dean? Yes No

If **yes**, please attach approval letter from the Dean.

If **no**, please seek the Dean's approval and send a copy to the Postgraduate Officer, Student Administration.

7. SUPERVISION (Cont'd)

Associate Supervisor 1

USyd Status: Staff Honorary Clinical Associate

Name: _____

Address: _____

Telephone: _____ Facsimile: _____

E-mail: _____

Qualifications and Institution: _____

Associate Supervisor 2

USyd Status: Staff Honorary Clinical Associate

Name: _____

Address: _____

Telephone: _____ Facsimile: _____

E-mail: _____

Qualifications and Institution: _____

Note: Where an Associate Supervisor is external to the University, the approval of the **Sub-Dean (Research Students)** will be required prior to the appointment. If appropriate, please attach the "the supervisor's latest CV".

8. SUPERVISORY WORKLOAD AND FUNDING ARRANGEMENTS *

Workload agreement

Principal Supervisor will be allocated _____ % of supervisory workload.

Associate Supervisor 1 will be allocated _____ % of supervisory workload.

Associate Supervisor 2 will be allocated _____ % of supervisory workload.

Funding agreement

Principal Supervisor _____ % funding

Associate Supervisor 1 _____ % funding

Associate Supervisor 2 _____ % funding

Where supervisory percentage (%) differs from funding arrangements, please explain

*** Note:** For Doctor of Health Science students, these funding arrangements will commence after completion of the coursework components, when the research component begins.

9. AGREEMENT OF SUPERVISORS

I agree to supervise the candidate. I am not aware of any conflict of interest which may affect my ability to supervise this student.

Signature of Principal Supervisor: _____ **Staff ID** _____ **Date:** _____

Signature of Associate Supervisor 1: _____ **Staff ID** _____ **Date:** _____

Signature of Associate Supervisor 2: _____ **Staff ID** _____ **Date:** _____

**10. ENDORSEMENT BY CONVENOR AND POST GRADUATE RESEARCH CO-ORDINATOR
(for Masters and PhD applicants only)**

The Supervisors have indicated their willingness to supervise the candidate and have agreed on the supervisory workload and funding arrangements. I approve these arrangements. The current research interests of members of the Faculty and the availability of resources for the prospective candidate's research have been discussed with the applicant.

Signed: _____
Convenor of the Faculty Research Group

Date: _____

Signed: _____
Postgraduate Research Co-ordinator

Date: _____

12. Endorsement by Sub-Dean (Research Students)

(Signature)

(Date)