



Enrolments – Student Administration Services
 Pauline Griffin Building (11)
 Canberra ACT 0200 Australia
 CRICOS Provider Number: 00120C

Email: enrolments@anu.edu.au
 Phone: +61 2 6125 3339
 Fax: +61 2 6125 8830
 Web: www.anu.edu.au/enrolments

Research Candidature Details

1. Student Details

<p>Family Name: <input style="width: 90%;" type="text"/></p> <p>Given Names: <input style="width: 90%;" type="text"/></p> <p>Student Type: Local <input type="checkbox"/> International <input type="checkbox"/> AusAID <input type="checkbox"/></p> <p>Current Program (✓ Tick one): PhD <input type="checkbox"/> Professional Doctorate <input type="checkbox"/> Master of Philosophy <input type="checkbox"/></p> <p>ANU College*: <input style="width: 90%;" type="text"/></p>	<p>Uni ID: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 15px; text-align: center;">U</td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td></tr></table></p> <p>Phone (Day): <input style="width: 90%;" type="text"/></p> <p>Graduate Studies Field: <input style="width: 90%;" type="text"/></p> <p>Program Commenced: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 15px; text-align: center;">D</td><td style="width: 15px; text-align: center;">D</td><td style="width: 15px; text-align: center;">M</td><td style="width: 15px; text-align: center;">M</td><td style="width: 15px; text-align: center;">Y</td><td style="width: 15px; text-align: center;">Y</td></tr></table></p> <p>Academic Program Code (eg 9640): <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td></tr></table></p>	U								D	D	M	M	Y	Y						
U																					
D	D	M	M	Y	Y																

*College of Arts & Social Sciences; College of Asia & the Pacific; College of Business & Economics; College of Engineering & Computer Science; College of Law; College of Medicine, Biology & Environment; College of Physical Sciences.

2. Information about this form

This form must be completed within 3 months of candidates commencement.

The *Research Awards Rules (RAR) 2008* (<http://www.anu.edu.au/cabs/rules/ResearchAwardsRules.pdf>) require the Delegated Authority to:

- Approve the commencement date,
- determine program details, and
- appoint Chair/Supervisors/Advisors in accordance with subrules 2.20(2), 2.20(3), or 2.20(4) (or recommend to the relevant Dean any person whose academic status is not specified in the above subrules).

Please ensure that:

- Complete details are provided,
- all necessary endorsements/approvals are obtained,
- data is entered on *Student System*; and
- written advice is provided to the student and any external panel members within three months of the file being received from Student Records.

Any queries should be directed to the relevant College Student Administration Office..

3. Research Candidature Details

Please record below any coursework courses in which the student will be enrolled, and if necessary please submit an *Application for Enrolment Variation* form:

Course Code <small>(eg POLS1002)</small>	Course Title <small>(eg Introduction to Politics)</small>	Semester & Year <small>(eg Semester 1, 2009)</small>

Is further coursework to be added at a later date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the coursework to be formally examined?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes: (a) as a progress requirement before submission of the thesis?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(b) as a necessary adjunct to the program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Topic of Thesis (please print):

Fieldwork:

Location:

Duration: From:

D	D	M	M	Y	Y
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 To:

D	D	M	M	Y	Y
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SAS 23/04/09

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Research Candidature Details

Supervisory Panel:

The *Research Awards Rules* stipulate that at least three persons must be appointed to the supervisory panel. At least one must be a supervisor who is a full or part-time member of the academic staff of the ANU, and expected to hold appointment for the duration of the program. If more than one member of the panel is nominated as supervisor, please indicate who is the panel chair and who is primary supervisor (refer to *Research Awards Rules 2.19*).

Title:						
First Name:						
Surname:						
Date of Birth:						
Uni ID*:						
Status (✓ Tick):	Supervisor	<input type="checkbox"/>	Advisor	<input type="checkbox"/>	Chair	<input type="checkbox"/>
ANU Appointment ^:						
ANU Location OR Postal Address ^^:						
	Suburb:	<input type="text"/>	State:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Postcode:	<input type="text"/>	Country (if outside Australia):	<input type="text"/>	<input type="text"/>	<input type="text"/>

Title:						
First Name:						
Surname:						
Date of Birth:						
Uni ID*:						
Status (✓ Tick):	Supervisor	<input type="checkbox"/>	Advisor	<input type="checkbox"/>	Chair	<input type="checkbox"/>
ANU Appointment ^:						
ANU Location OR Postal Address ^^:						
	Suburb:	<input type="text"/>	State:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Postcode:	<input type="text"/>	Country (if outside Australia):	<input type="text"/>	<input type="text"/>	<input type="text"/>

Title:						
First Name:						
Surname:						
Date of Birth:						
Uni ID*:						
Status (✓ Tick):	Supervisor	<input type="checkbox"/>	Advisor	<input type="checkbox"/>	Chair	<input type="checkbox"/>
ANU Appointment ^:						
ANU Location OR Postal Address ^^:						
	Suburb:	<input type="text"/>	State:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Postcode:	<input type="text"/>	Country (if outside Australia):	<input type="text"/>	<input type="text"/>	<input type="text"/>

Title:						
First Name:						
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ANU Appointment ^:						
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	Postcode:	<input type="text"/>	Country (if outside Australia):	<input type="text"/>	<input type="text"/>	<input type="text"/>

* Please use the University ID, as correct data entry depends on accurate information.

^ Please indicate (a) if person is a tenured University employee OR (b) year of expiry of appointment OR (c) (if external) whether the person has been formally appointed to academic status (full, clinical or adjunct) as per http://policies.anu.edu.au/policies/academic_status_full_clinical_adjunct/policy.

^^ Full postal addresses must be provided for panel members located outside the University.

CHAIR OF SUPERVISORY PANEL

(✓ Tick one) Recommended Not Recommended

Name (print):

Signature:

Date:

HEAD OF DEPARTMENT

(✓ Tick one) Recommended Not Recommended

Name (print):

Signature:

Date:

DELEGATED AUTHORITY

(✓ Tick one) Approved Not Approved

Name (print):

Signature:

Date:

DEAN OF COLLEGE (IF APPLICABLE)

I approve the composition and appointment of the supervisory panel

Name (print):

Signature:

Date: