Domestic student Application for admission to Higher Degree by Research Candidature and Scholarship



SWINBURNE UNIVERSITY OF TECHNOLOGY

WHO SHOULD COMPLETE THIS FORM?

This form should be used when applying for candidature in a Doctor of Philosophy, Professional Doctorate (e.g. Doctor of Psychology) or Masters by Research program. This form is also used to apply for scholarships for research programs.

AUSTRALIAN APPLICANTS

You must be an Australian or New Zealand citizen, or hold Australian permanent residency.

APPLICANT'S GUIDE TO COMPLETING THIS FORM

Step 1: Complete all questions, sign and date the application form.

- Please use BLOCK LETTERS
- Please tick the appropriate boxes
- Complete all sections and sign the declaration on page 8.

Step 2: Ensure that you attach certified copies of all university results or transcripts, evidence of completion and proof of name and citizenship

Certified documents must be signed by an authorised person (refer to 'What supporting documentation must I provide?') and must include an original signature, the name, address and title of the person signing, and an appropriate registration number. Photocopies of previously certified documents are not acceptable.

Step 3: Ensure that you attach a current curriculum vitae

Step 4: Applicants should note that:

- The Higher Degrees Research Committee will only consider those applications that are supported by a supervisor and Faculty. You should consult with your proposed supervisor(s) prior to completing this form.
- Further information about the application process and additional copies of this form are located at www.research.swinburne.edu.au/research-students/future/application
- They should not use display folders when submitting their applications.

Step 5: Return the completed form and all supporting documentation to one of the following

Postal address	Or, in person
Domestic Recruitment	Student HQ
Admissions (H5)	(on any campus)
Swinburne University of Technology	
P0 Box 218	Or, by email
Hawthorn VIC 3122	domadmit@swin.edu.au
Australia	

Please note: Do not submit this application direct to your faculty or supervisor.

WHAT SUPPORTING DOCUMENTATION MUST I PROVIDE?

- Copies of supporting documentation will be required by Swinburne University of Technology depending on your response to Questions 3 and 8 in the Personal Details section of this form; Question 1 in the Educational History section of this form; and Questions 1 and 3 in the Scholarships section of this form. Supporting documentation must be certified as a true and correct copy of the original by either the issuing body or by those people qualified to accept a statutory declaration (e.g. police, chemists, doctors, accountants).
- Do not submit original documents.
- Please provide translations of supporting documentation if original documents are in a language other than English.

Applicants who have obtained an award outside Australia must:

- Provide evidence of completion of the relevant award, ie: award certificate or letter of completion.
- Provide transcript/s of examination results.

WHAT WILL HAPPEN AFTER I LODGE MY APPLICATION FORM?

- A University staff member will contact you if you are required to participate in an interview or provide additional information to support your application.
- All applicants will be advised on the outcome of their application.

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SWINBURNE UNIVERSITY OF TECHNOLOGY

PROPOSED STUDY PROGRAM

1. Which research program are you applying for? To check program code refer to www.swinburne.edu.au/coursesearch

PROGRAM CODE PROGRAM NAME				CAMPUS	INTENDED CO	MMENCEMENT	ATTENDANCE MODE
e.g. DR-SCI, MR-HAS e.g. Doctor of Philos	sophy, Master by Research			e.g. Hawthorn	Month	Year	Full-time or Part-time
Please note: The actual commenc	comont data is the day						
2. If applying for the research con	nponent of a Profess	ional Doctorate in a	DDes, what was	your commenceme	nt date in the pr	ogram?	
CURRENT/PREVIOUS RELA	TIONSHIP WITH S	WINBURNE					
1. Have you applied or enrolled at	t Swinburne Universi	ty of Technology/TA	AFE previously?	Yes No (pr	oceed to Persona	al Details sectio	n below)
If yes, please state (a) Swinburn	e student ID number:						
(b) Program I	Name:						
(c) Last year	of study at Swinburne	e: Y Y Y Y					
2. Are you a Swinburne staff men							
			7				
If yes, what is your Swinburne Sta	aff ID Number:						
PERSONAL DETAILS							
1. (a) Date of birth:) I identify my gende	er as: 🔄 Fema	e Male	Prefer not to a	inswer	
2. Current name							
Title (Dr, Mr, Mrs, Miss, Ms, Mx):							
Family name/Surname:							
First given name:							
Other given name:							
3. Previous name(s)							
Provide your previous name in full You must complete all fields (i.e. fa				ting documentation (or a previous enr	olment at Swin	burne.

You must attach evidence of your change of name (e.g. marriage certificate, deed poll certificate) to this application.

Family name/Surname:																		
First given name:																		
Other given name:																		
4. CHESSN (if known):																		

(c) State visa sub-class number (from passport):	and type of visa (if known):

REQUIRED SUPPORTING DOCUMENTATION			
Citizenship status	Provide a certified copy of the follow	/ing:	Certified copy must include:
Australian citizen	Birth certificate OR Passport OR Certificate of Australian citizenship		Proof of full name
New Zealand citizen	Passport		Proof of full name Proof of citizenship
Holder of an Australian permanent residence or humanitarian visa	Passport		Proof of full name Permanent resident or humanitarian visa showing Visa Sub-Class Number
9. Are you of Australian Aboriginal or Torres St	rait Islander descent?		
No Yes	s, Aboriginal descent		
Yes, Torres Strait Islander descent	s, Aboriginal and Torres Strait Islar	nder descent	
(a) Were you born in Australia? 🗌 Yes (proceed	to Q10) 🗌 No, I was born in _		
(b) Year of arrival in Australia: \bigcirc \bigcirc \bigcirc \bigcirc			
10. Do you have a disability, impairment or long	term medical condition?		
Providing information about a disability will not o information on the support services available to	0, 11		ollected to ensure that the University provides appropriate istical and planning purposes.
No (proceed to "Educational History" section	on page 4 of this form)		
Yes (please tick one or more of the following)	:		
Hearing/Deaf Intellectual	Mobility	Learning	Acquired Brain Impairment
Visual Physical	Mental Illness	Medical Conditio	n
Other (please specify):			
If you answered yes to this question, you may wi	sh to contact the Disability Suppor	rt Service for fur	her information concerning the support services available

Holder of an Australian permanent resident visa or humanitarian visa (excludes those who have New Zealand citizenship) – go to Q8(b)

(b) If you are a holder of an Australian permanent resident or humanitarian visa, please state citizenship: __

(c) State visa sub-class number (from passport):	and type of visa (if known):

oountry.																	
8. Citizenship																	
(a) Please tick one of the	following. R	efer to t	able bel	ow and	attach	the rea	quired	suppoi	ting d	ocume	entatio	n					
🗌 Australian citizen (ind	ludes Austra	alian citi	zens wit	th dual	citizen	ships)											
New Zealand citizen	(includes tho	se with	perman	ent resi	dence	status)											

∐ N	ew Zealand citizen (includes those with permanent re	esidence status)	

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5. Contact details

Home telephone numbe	r: Work telephone number:
Mobile telephone numbe	Fax number:
Email address:	
6. Postal address	
Number and street:	
Suburb:	
State:	Postcode:
Country:	
7. Home address	
Same as above?	Yes No If yes, proceed to Q8. If no, complete details below.
Number and street:	
Suburb:	
State:	Postcode:
Country:	
8. Citizenship	

on +61 3 9214 8513 or visit the website www.swinburne.edu.au/stuserv/disability

YOU MUST SUBMIT THE FOLLOWING DOCUMENTS:

(a) a certified copy of all transcripts of results (refer to 'What supporting documentation must I provide?' notes on cover page of this application form); and (b) proof of completion of academic qualifications

Post-secondary education

1. List any studies you have completed or attempted at university, TAFE or other post-secondary institution.

YEAR STARTED	YEAR COMPLETED/ CEASED	INSTITUTION	TITLE OF PROGRAM	PROGRAM TYPE	COMPLETED	HONOURS LEVEL
(e.g. 2008)	(e.g. 2010)	(e.g. Swinburne University of Technology)	(e.g. BBus)	(OFFICE USE ONLY)	("Yes" or "No")	(e.g. H1, H2A)
2. Are you	currently enrolled a	t another university? 🗌 Yes 🗌 No			1	11
3. Are you i	ransferring from an	other Australian university or have you p	reviously been enrolled in a research c	degree at another Austra	lian university	? 🗌 Yes 🗌
f yes,	(a) Name of universi	ty:				
	(b) What was your ca	andidature commencement date?	/ M M / Y Y			
	(c) Have you withdra	wn/completed your candidature? 🗌 Ye	es 🗌 No			
	If yes, date of comple	etion/withdrawal: DD/MM/Y	Y			
f yes, pleas	se attach details.					
a) Institute	:					
b) Reason:						
f you bayo	not vot completed/w	ithdrawn from your program, any candid	atura offor made to you will be conditi	anal on you providing ovi	donco that vo	1 havo
		our enrolment at Swinburne.		onation you providing evi	dence that you	Inave
4. Have yoι	ı previously been exc	luded or suspended from Swinburne or a	ny other educational institution for aca	demic or non-academic i	reasons?	Yes
lfves.instit	ution and reason:					
PRIOR R	ESEARCH					
1. Did any o	of the completed deg	grees/diplomas above include a researc	h component? 🗌 Yes 🗌 No			
lf yes:						
(a) What pe	ercentage of the degr	ee was research? Please provide evidend	ce:			
(b) Please	provide a brief summ	nary of that research (attach further docu	mentation if required):			
0.11		diti I				
		ditional research or has any of your wor documentation if required):	k been published? Yes No			
yes, pied:	של השנ עמננמטורו ערנו שר	aocamentation in required).				

RELEVANT EMPLOYMENT OR RESEARCH EXPERIENCE HISTORY

START DATE	END DATE	EMPLOYER	NATURE OF WORK	FULL-TIME OR PART-TIME

REFEREES

Please provide details of at least two people whom we can contact to provide a report on your academic ability and research potential.

	REFEREE ONE	REFEREE TWO
Name		
Position		
Address		
Daytime phone		
Mobile phone		
Email address		

Referee reports

If you are applying for a scholarship in one of the Swinburne scholarship rounds or you are receiving a scholarship through your faculty or nominated supervisor, you are also required to send a copy of the full Referee Report Form (available at: www.research.swinburne.edu.au/research-students/scholarships/application.html) to each of your referees. Referee reports must be returned to Swinburne Research by 31 October for consideration in the main round, or by 31 May for the mid-year round.

SCHOLARSHIPS

1. Research scholarships

(a) Have you been awarded a scholarship to undertake your research?

(b) If yes, please indicate the name and type of scholarship: _

2. Applying for a scholarship

(a) Notes

- Information on scholarships offered and a detailed guide to each scholarship is available on the web at www.swinburne.edu.au/research/schols.htm
- Completion of the following section of the form signifies that you wish to be considered for a scholarship during the next scholarship round which opens in either April or September. It is your responsibility to ensure that referee reports are forwarded to your referees and returned in time to be considered during the scholarship round.
- Offer of candidature is not dependent on the award of a scholarship.
- If you are already enrolled in a research program, please contact Swinburne Research on (03) 9214 5547.
- Your scholarship application will only be considered if all the required documents are provided.
- Scholarships are normally awarded only for full-time study and awarded to our top doctoral students based on a meritorious assessment.

(b) Scholarships for which you are applying:

- Chancellor's Research Scholarship (CRS)
- 🗌 Australian Postgraduate Award (APA), Swinburne University of Technology Postgraduate Research Award (SUPRA)

(c) Other Scholarships: _

3. Referee reports

If you are applying for a scholarship in one of the Swinburne scholarship rounds or you are receiving a scholarship through your faculty or nominated supervisor, you are also required to send a copy of the full Referee Report Form (available at: www.research.swinburne.edu.au/research-students/scholarships/application.html) to each of your referees. Referee reports must be returned to Swinburne Research by 31 October for consideration in the main round, or by 31 May for the mid-year round.

Note: If your application for a scholarship is not successful, you will be notified by the University. At this point you may be invited to apply for candidature only, or to have your application considered in the next scholarship round.

RESEARCH PROPOSAL

1. What is the title of your proposed research?

2. Please attach a brief description of your project. As a guide, the description may include: background of the research problem, proposed research method, an overview of the initial literature of the research problem, possible limitations, the contribution to knowledge that this project will potentially make.

Please note: Different faculties may have different requirements. Please check with your faculty before submitting your application.

3. Resources, location and attendance

(a) Are there any essential resources required to complete your research project?	🗌 Yes	🗌 No
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(b) If yes, please specify what these are. (You must also discuss resource requirements with your proposed principal coordinating supervisor.)

(c) Where will the research work be conducted?

- Internally (ie at Swinburne)
- Externally (please name the organisation/s and provide the address/es)
- Combination of both internal and external. Please state where the majority of the research will be carried out.

4. Please indicate the examination mode requested. In consultation with the nominated supervisory panel, students may select a standard examination process, in which the examinable outcome is dispatched to a minimum of two external examiners invited by the Higher Degrees Research Committee to examine the submitted works. Examiners are asked to make a recommendation to the Swinburne Higher Degrees Research Committee and classify the work. Alternatively, students may select an oral examination process, in which the examiners engage in a face-to-face discussion (real or virtual) with the candidate with the purpose of obtaining responses to questions raised by their reading of the work, after reading the examinable outcome, and prior to making their recommendations.

Standard Examination Process

Oral Examination (Viva Voce) Process

EXTERNALLY SUPPORTED RESEARCH

Is your research being supported by an organisation external to Swinburne? (e.g. APAI, CRC, Industry Scholarship)		Yes	No	o (proceed to 'Sup	pervision' s	section
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If yes, have you signed a 'Deed of Assignment'?

If you have not signed a 'Deed of Assignment' you may be required to do so prior to commencing your project. The Deed of Assignment is a formal contract between the candidate and the University and is tied to the formal contract between the University and the funding body that covers issues pertaining to the ownership of Intellectual Property. Where an external body that is providing funds for the research holds a contract with the University you are not permitted to commence your candidature until you and the University have signed a 'Deed of Assignment'. For further information please check with your proposed principal coordinating supervisor. The University's Intellectual Property Policy is available at www.swinburne.edu.au/corporate/registrar/ppd/docs/IntellectualPropertyPolicy.pdf

SUPERVISION

1. Nominating supervisors

(a) Please nominate supervisors

Principal Coordinating Supervisor: ____

Coordinating Supervisor: ____

Associate Supervisor: _

(b) Have you spoken with the above-named supervisors about your intended project?

If no, please note that you cannot submit your application without agreement to supervise from at least one academic supervisor.

ETHICS APPROVAL

1. Please discuss with your proposed principal coordinating supervisor prior to completion of this section.

(a) Does your project involve any of the following:

U Human Research (eg various activity with or about people or their data, personal belongings or tissue) – proceed to Q1(b)

- Care and Use of Live Animals proceed to Q1(b)
- Genetically Modified Organisms (GMO) proceed to Q1(b)
- None of the above proceed to 'Checklist' section below

If your research does involve any of the above, it will require ethics approval from either the Human Research Ethics Committee (HREC) or the Animal Experimentation Ethics Committee (AEEC). Application forms are available from the Secretary, HREC/AEEC, telephone 613 9214 8468 or 613 9214 5218 or facsimile 613 9214 5267 or www.research.swinburne.edu.au/ethics

(b) Do you have ethics clearance from or on behalf of either the Swinburne's Human Research Ethics Committee (SUHREC) and/or the Animal Experimentation Ethics Committee (AEEC) and/or Institutional Biosafety Committee (SUIBC)?

🗌 Yes 🗌 No

If yes, please provide certificate number given to your application:

and date approval was obtained:	D	D	/	М	М	/	Y	Y
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CHECKLIST

Check that you have:

- Completed and signed the application form
- Answered all questions
- Nominated two academic referees
- Contacted an Academic Supervisor/s and obtained relevant signatures or attached email confirmation
- Kept a copy of the application for your records

Check that you have attached copies of the following:

- Translated documentation if original documents are in a language other than English
- Summary of Research Proposal
- Details of awards or achievements
- Details of research experience
- List of academic publications
- A copy of your curriculum vitae outlining details of any relevant research and/or professional experience
- Academic transcript/s (including key to results)
- Evidence of Completion of previous academic programs
- A copy of your passport

Please ensure that documentation is certified as a true and correct copy of the original by either the issuing body or by those people qualified to accept a statutory declaration (e.g. police, pharmacist, doctors, accountants). *Do not submit original documents.*

APPLICANT'S DECLARATION

I declare to the best of my knowledge the information entered on this form is correct and complete.

I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my academic or employment records or citizenship status may result in the withdrawal by the University of a place which may be offered, and that this withdrawal may take place at any stage during the research program I undertake.

I acknowledge that giving false or misleading information is a serious offense under the criminal code (Commonwealth).

I understand that:

- My information may be disclosed to relevant government agencies and bodies (eg: DEEWR, Office of Skills Victoria) and in some cases other non-government bodies, agencies or other third parties to enable Swinburne to confirm my identity, eligibility for government support, to verify my entitlement to become an enrolled student and to otherwise progress my application.
- Confirmation of study and results from previous or current study for the purpose of determining eligibility may be undertaken.
- Swinburne collects, stores and uses personal information in accordance with Swinburne's Privacy Policy which can be accessed at: www.swinburne.edu.au/privacypolicy
- The University will correspond with me by electronic means.

Signature of applicant: (as in passport signature page): _

Date: 🛛	D/	М	/ Y	Y
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FOR COMPLETION BY SUPERVISORS

- Before you agree to supervise an applicant you must be approved to the 'Register of Accredited Supervisors'. You should also read the Higher Degrees by Research Policy and Procedure at www.swinburne.edu.au/policies/research/index.html
- The maximum supervisory load for a Principal Coordinating or Coordinating supervisor is 7 EFTSL (i.e. 7 full-time candidates or equivalent) and the maximum supervisory load for an associate supervisor is 7 EFTSL, with a maximum of 15 persons to be supervised by any one supervisor at a time, in any supervisory role. In some circumstances, the Higher Degrees Research Committee may apply lower limits. Please ensure that you are within current load limits before you agree to supervise a student.
- If there are more than four members of the proposed supervisory team, please attach extra copies of this page.

Honours Equivalence

In my opinion, the academic results achieved by this student are at least equivalent to an Australian Honours program at level (please tick):

H1 (80–100) H2A (70–79)

This assessment is based in the following ground/s (please tick one or more, as appropriate):

The applicant's academic standing and qualifications.

The results obtained in the previous course of study can be considered equivalent to an Australian Honours result of H1 or H2A; **or** the previous course of study can be considered to be equivalent to, or higher than, an Australian Honours program (i.e. a Masters by Research).

The duration of the previous tertiary program completed.

The program was at least four years in duration.

- Ustanding academic results with identifiable research potential. The applicant's results are clearly equivalent to an H1 or H2A and the student has obvious research potential, based on their previous studies and/or work experience.
- The quality of the applicant's previous tertiary institution. The previous tertiary institution attended is included in the Shanghai Jiatong or the Times Higher Education Index top 500 Universities.
- Evidence of capacity for independent research shown by the applicant. The applicant has previously completed a minor/major thesis, or undertaken a significant research project in their professional career.

The applicant's other relevant previous research experience, such as:

- the applicant has previously undertaken, and successfully completed, a research subject(s)
- the applicant has previously completed a Bachelor or Masters thesis
- the applicant has written one or more quality research publications (particularly journals and books)
- the applicant has completed special research projects which were undertaken within a professional environment

Please provide a detailed explanation as to how the boxes checked above demonstrate equivalence for this student:

For example, "The student's previous tertiary program was four years in duration, and the student obtained an average result of 83% in the final year".

□ I understand that by signing below I am not guaranteeing the future performance of this student but I am confirming that, in my opinion, the qualifications of this applicant, and the results they have achieved in their previous study, satisfy the minimum entry requirements of the University.

Signature of Principal Coordinating Supervisor: .



Principal Coordinating Supervisor

I agree to be the principal coordinating supervisor for:			(Applicant's name)
I am approved by the Swinburne Higher Degrees Research Co and the Statement of Supervisory Practice.	mmittee to supervise	e at this level and I have read the Higher Degree by Res	search Policy and Procedures
Current supervisory load (number of students):			Register checked
At Principal Coordinating / Coordinating level: Full-time:	Part-time: _	At Associate level: Full-time:	Part-time:
Name:	Title:	_ Present position:	
Email:		_ Swinburne Internal Mail Number:	
Telephone: Fac	ulty or External addr	ess:	
Signature:			
Have you attended any workshops on research supervisory pr	actice in the last 12 n	nonths? 🔄 Yes 🛄 No	
Coordinating Supervisor			
I agree to be the coordinating supervisor for:			(Applicant's name)
I am approved by the Swinburne Higher Degrees Research Co and the Statement of Supervisory Practice.	mmittee to supervise	e at this level and I have read the Higher Degree by Res	,
Current supervisory load (number of students):			Register checked
At Principal Coordinating / Coordinating level: Full-time:	Part-time: _	At Associate level: Full-time:	Part-time:
Name:	Title:	_ Present position:	
Email:		Swinburne Internal Mail Number:	
Telephone: Fac	ulty or External addre	ess:	
Signature:		Date: D	
Have you attended any workshops on research supervisory pr			
Associate Supervisor 1			
I agree to be the associate supervisor for: I am approved by the Swinburne Higher Degrees Research Co			
and the Statement of Supervisory Practice.		s at this tevet and thave read the higher begree by her	
Current supervisory load (number of students):			Register checked
At Principal Coordinating / Coordinating level: Full-time:	Part-time: _	At Associate level: Full-time:	Part-time:
Name:	Title:	_ Present position:	
Email:		_ Swinburne Internal Mail Number:	
Telephone: Fac	ulty or External addre	ess:	
Signature:		Date:	
Have you attended any workshops on research supervisory pr			
Associate Supervisor 2			
I agree to be the associate supervisor for: I am approved by the Swinburne Higher Degrees Research Co			
and the Statement of Supervisory Practice.	inimittee to supervise	e at this tevet and thave read the higher begree by Kes	
Current supervisory load (number of students):			Register checked
At Principal Coordinating / Coordinating level: Full-time:	Part-time: _	At Associate level: Full-time:	Part-time:
Name:	Title:	_ Present position:	
Email:		Swinburne Internal Mail Number:	
Telephone: Fac	ulty or External addre	ess:	
Signatura		Date: D	
Signature:			
Have you attended any workshops on research supervisory pr	actice in the last 12 r	months? 📋 Yes 🛄 No	

OFFICE USE ONLY					
ASSOCIATE DEAN, RESEARCH AND ENGAGEMENT APPROVAL					
1. Please mark the category used to establish eligibility for candidature.					
(Please ensure that evidence of eligibility, including equivalence, is provided with the application).					
Master by Research Master by Coursework 4 year Bach	elor Degree with Honours 1 or 2A or equivalent				
□ Other postgraduate qualifications □ Other relevant tertiary qualification □ Other relevant	ant experience				
2. Are essential resources that are required to complete the applicant's research project available?	Yes No				
If No, please provide details of essential requirements and when they are expected to be available:					
3. Does the Faculty have sufficient depth of expertise in the appropriate area to cover a situation where the current supervisory team is no longer available?	Yes No				
4. Is the applicant required to undertake any preliminary studies?	Yes No				
If Yes, please provide details of required preliminary studies:					
5. Will the applicant be awarded a Faculty/Industry scholarship to undertake the research?	Yes No				
6. If the applicant has applied for an APA or SUPRA do you wish to support the scholarship application	n? 🗌 Yes 🗌 No				
7. Are you requesting a Research Training Scheme place?	Yes No				
Checklist – Prior to approving this application:					
Consider information contained within the applicant's referee reports					
Ensure that current supervisory load limits are adhered to prior to approving the application					
The student and supervisory panel have agreed to the following mode of examination: Standard Examination Process Oral Examination (Viva Voce) Process					
The Faculty Higher Degrees Research Committee recommends the applicant for admission to candid	lature:				
Program Code: Unit of Study Code/s:					
Circle one: By Thesis By Exegesis By Papers					
Centre/Department:					
Name of Associate Dean, Research and Engagement:					
Signature:	Date: DD/MM/YY				
HIGHER DEGREES RESEARCH COMMITTEE APPROVAL					
Authorised by Chair, Higher Degree Research Committee					
Signature: Date: D D / M M / Y Y					
Outcome: 🗌 Admitted 📄 Conditional 📄 Rejected 📄 Pending 📄 Deferred					
Conditions/Reasons:					