Enrolments – Student Administration Services
ANU Student Exchange – Building X-005
121 Marcus Clarke Street
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

Application for Change of Intensity in Research Program

1. Personal Details

Family Name:

Given Names:

Student Type: Local ☐ International ☐ AusAID ☐

Current Program *(✓ Tick one)*: PhD ☐ Professional Doctorate ☐ Master of Philosophy ☐

ANU College*:

Uni ID: U

Phone (Day):

Current Scholarship/s:

Academic Program Code (eg 9640):

*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 application

- This application is to be submitted to the College Student Administration Office;
- Scholarship holders applying for change of intensity must consult your conditions of award for scholarship entitlements;
- This form should be completed and submitted before the date on which the change of intensity will commence;
- International students are not usually permitted to study part time except when on an appropriate visa.

3. Request for Change of Intensity

I wish to change my candidature to ☐ Full Time **OR** ☐ Part Time *(✓ Tick one)* and for this change to commence on D D M M Y Y

Reason:

4. Applicant Declaration

I certify that the information supplied by me on this form is complete and true. I understand that I must devote at least 20 hours (part time)/40 hours (full time) per week to my research program. I have read the relevant sections of the *Higher Degree Research Guide for Students and Supervisors* and have discussed the proposed change of intensity with my supervisor before submitting this request.

Student's signature: Date: D D M M Y Y

OFFICE USE ONLY

CHAIR OF SUPERVISORY PANEL

(✓ Tick one) Endorsed ☐ Not Endorsed ☐

Name (print):

Signature:

Date: D D M M Y Y

HEAD OF DEPARTMENT

(✓ Tick one) Endorsed ☐ Not Endorsed ☐

Name (print):

Signature:

Date: D D M M Y Y

DELEGATED AUTHORITY

(✓ Tick one) Approved ☐ Not Approved ☐

Name (print) :

Signature:

Date: D D M M Y Y

OFFICE OF POLICY & REGULATION (OPAR) OR AUSAID

(✓ Tick one) Verified ☐ Not Verified ☐

Name (print):

Signature:

Date: D D M M Y Y

SCHOLARSHIPS OFFICE

Signature:

Date: D D M M Y Y

ENROLMENTS OFFICE

Signature:

Date: D D M M Y Y