



Enrolments – Student Administration Services
 ANU Student Exchange – Building X-005
 121 Marcus Clarke Street
 Canberra ACT 0200 Australia

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

CRICOS Provider Number: 00120C

Application for Change of Research Program

1. Personal Details

Family Name: Uni ID: **U**

Given Names: Phone (Day):

Student Type: Local International AusAID **Date change is to take effect:**

2. Change Request

Type of Change: Level Change (eg PhD to MPhil) Program Change (eg department/college) Current Scholarship/s:

I wish to Change from:

Current Program Level: PhD Professional Doctorate Master of Philosophy

Current Load: Full Time Part Time

Current Department:

Current College*:

I wish to Change to:

New Program Level: PhD Professional Doctorate Master of Philosophy

New Load: Full Time Part Time

New Department:

New College*:

*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.

3. Information about this form

- This application is to be submitted to your College Student Administration Office;
- If you are a scholarship holder, please check your scholarship *Conditions of Award* as the scholarship may not be transferable;

4. Reason for Change Request

5. Applicant Declaration

I certify that the information supplied by me on this form is complete and true. I have read the relevant sections of the *Research Awards Rules*.

Student's signature:

Date:



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OFFICE USE ONLY

Signatures below refer to current program authorities:

Signatures below refer to proposed new program authorities:

HDR SCHOOL ADMINISTRATOR

Program Code: AOU: _____

Course Code:

Graduate
 Research Field :

CHAIR OF SUPERVISORY PANEL

(✓ Tick one) Endorsed Not Endorsed

Name (print):

Signature:

Date:

CHAIR OF SUPERVISORY PANEL

(✓ Tick one) Endorsed Not Endorsed

Name (print):

Signature:

Date:

HEAD OF DEPARTMENT

(✓ Tick one) Endorsed Not Endorsed

Name (print):

Signature:

Date:

HEAD OF DEPARTMENT

(✓ Tick one) Endorsed Not Endorsed

Name (print):

Signature:

Date:

DELEGATED AUTHORITY

(✓ Tick one) Approved Not Approved

Name (print):

Signature:

Date:

DELEGATED AUTHORITY

(✓ Tick one) Approved Not Approved

Name (print):

Signature:

Date:

DIVISION OF REGISTRAR & STUDENT SERVICES USE ONLY

OFFICE OF POLICY & REGULATION OR AUSAID

(✓ Tick one) Verified Not Verified

Name (print):

Signature:

Date:

SCHOLARSHIPS OFFICE

(✓ Tick One) Verified Not Verified

Name (print):

Signature:

Date:

ENROLMENTS OFFICE

Processed by Enrolments Office

Name (print):

Signature:

Date: