Research Candidature Details

1. Student Details

Family Name: ____________________________  Uni ID: ____________________________

Given Names: ____________________________  Phone (Day): ____________________________

Student Type: Local                  International                  AusAID

Current Program ( Tick one): PhD

PhD Professional Doctorate Master of Philosophy

ANU 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.

2. Information about this form

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

The Research Awards Rules (RAR) 2012 (http://about.anu.edu.au/__documents/rules/researchawardsrules2012-3.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:

<table>
<thead>
<tr>
<th>Course Code (eg POLS1002)</th>
<th>Course Title (eg Introduction to Politics)</th>
<th>Semester &amp; Year (eg Semester 1, 2009)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<tr>
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</tr>
</tbody>
</table>

Is further coursework to be added at a later date? Yes [ ]  No [ ]

Is the coursework to be formally examined? Yes [ ]  No [ ]

If yes: (a) as a progress requirement before submission of the thesis? Yes [ ]  No [ ]

(b) as a necessary adjunct to the program? Yes [ ]  No [ ]

Topic of Thesis (please print):

________________________________________________________________________

________________________________________________________________________

Fieldwork:

Location: ____________________________

Duration: From: __________ To: __________
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).

<table>
<thead>
<tr>
<th>Title:</th>
<th>First Name:</th>
<th>Surname:</th>
<th>Date of Birth:</th>
<th>Uni ID*:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Status ( ✓ Tick):</td>
<td>Supervisor</td>
<td>Advisor</td>
<td>Chair</td>
<td></td>
</tr>
</tbody>
</table>

ANU Appointment ^:

<table>
<thead>
<tr>
<th>ANU Location OR Postal Address ^^:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suburb:</td>
</tr>
<tr>
<td>Postcode:</td>
</tr>
</tbody>
</table>

Title: |
First Name: |
Surname: |
Date of Birth: |
Uni ID*: |
Status ( ✓ Tick): |
ANU Appointment ^: |
ANU Location OR Postal Address ^^: |
Suburb: |
State: |
Postcode: |
Country (outside Australia): |

* 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: D D M Y Y

### Head of Department

( ✓ Tick one) Recommended | Not Recommended

Name (print): [Signature]

Date: D D M Y Y

### Delegated Authority

( ✓ Tick one) Approved | Not Approved

Name (print): [Signature]

Date: D D M Y Y

### Dean of College (if applicable)

I approve the composition and appointment of the supervisory panel

Name (print): [Signature]

Date: D D M Y Y