

## **Student Administration and Records**

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CRICOS Provider No. 00120C

## **Notification of Research Commencement**

Student Name: Student ID:	
I confirm that I will commence my research program on	(date).
I understand that I must devote at least 20 hours (part-time)/ 40 hours (full-time) per we research program.	ek to my
Signature	
Date	