

Writing-Up Award Application

To enable this electronic form, you must first **SAVE** it then **REOPEN** as a PDF file (it will not function properly when used in a browser window).

Applicant to complete Sections 1 to 7.

The application should be submitted to research@csu.edu.au by close of business Friday 3rd August 2018.

1. Applicant Details

Title	<input type="text"/>	First Name	<input type="text"/>	Last Name	<input type="text"/>
Student ID number:	<input type="text"/>	Contact Phone:	<input type="text"/>		
Email	<input type="text"/>				

2. Enrolment Details

Course Code	<input type="text"/>	Course Name	<input type="text"/>		
School or Centre	<input type="text"/>				
Enrolment Status <select>	<input type="text"/>	Principal Supervisor Name	<input type="text"/>		
Thesis Title	<input type="text"/>			Expected Submission Date	<input type="text"/>

3. Thesis Submission Details

Any award is subject to the submission of the thesis

Has the thesis been submitted for examination? Yes No

If No, what is your anticipated submission date for examination? Date

4. Tenure for Writing-Up Award

In indicating the write up period, please note that writing up should start after the submission of the thesis. The Selection Committee will not consider applications where the writing up period precedes submission and coincides with the writing of the thesis.

Indicative 12 week period: Start Date End Date

5. Department of Education Employment and Workplace Relations (DEWWR) Research Codes

Choose up to three codes for each, must equal 100% - (a) [Field of Research \(FoR\)](#) (b) [Socio Economic Objectiv \(SEO\)](#)

FoR 1 %

SEO 1 %

FoR 2 %

SEO 2 %

FoR 3 %

SEO 3 %

TOTAL %

TOTAL %

6. Publication Details

(a) List previous reseach outputs during candidature (*minimum 200 words, maximum 300 words*)

Comments:

(b) Provide a summary of intended article(s), book proposal(s) or creative work(s) (*minimum 200 words, maximum 300 words*)

Comments:

(c) Provide a summary of any contact made with journal editors, publishers, exhibition or performance venues and any response received (*minimum 200 words, maximum 300 words*)

Comments:

7. Concurrent Awards & Employment

(a) Will you hold an award during the writing up period? Yes No

If yes, please specify Amount

(b) Will you be in paid employment during the writing up period ? Yes No

(c) If yes, specify nature of Employment Hours per week

8. Principal Supervisors Reference *To be completed by the Principal Supervisor*

(a) Please provide comment on the nature, quality and impact of the applicant's research program. *(Min 100 words, Max 200 words)*

Comments:

(b) Please comment on the feasibility of the proposed output including time frame, quality of journal, publishers, gallery or performance venues and number of outputs. *(Min 100 words, Max 200 words)*

Comments:

(c) Is the expected thesis submission date provided realistic? Yes No Please comment below as appropriate.

The Selection Committee would be grateful for an estimate that would be as accurate as possible. In the event the candidate is granted an award, they would be expected to submit within three weeks of the expected date. Failure to do so will result in the offer being withdrawn. (Min 100 words, Max 200 words)

Comments:

(d) Where candidature exceeds 42 months (3.5yrs) FTE (PhD) or 24 months FTE (Masters by Research), please provide comment of special circumstances, if any, that affected length of candidature. (Min 100 words, Max 200 words)

Comments:

9. Approvals and Authorisations

PLEASE NOTE: This is an electronic form and requires the below authorisations in the order they appear. After each authorisation this report needs to be emailed to the next signatory by clicking the 'submit by email to next signatory' button and entering in the next recipient's email address. For any queries about this form please contact the [Research Office](#).

Applicant:

I certify the above is correct to the best of my knowledge.

If you do not have an electronic signature, you may create one in the signature field below. If you do not wish to create one, please print this form, sign, scan and email to the next signatory

Name Signature Date:

Principal Supervisor:

I certify the above is correct to the best of my knowledge.

Comments:

Name Signature Date:

Head of School / Centre Director:

I support this application.

Comments:

Name Signature Date:

Deputy Vice-Chancellor (Research, Development & Industry)

This writing-up award application is:

Approved Declined

Comments:

Name Signature Date: