# OFFICE OF RESEARCH SERVICES AND GRADUATE STUDIES

Charles Sturt University

## Graduate Research Candidate Course Transfer

**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).**

The Course Transfer form is to be completed by <u>domestic and international offshore candidates only</u>. Owing to visa implications, international on-shore candidates must <u>apply for admission</u> to the course they are seeking to transfer into.

### 1. Candidate Details

Title [          ]  First Name [                    ]  Last Name [                    ]

Student ID number [                    ]

### 2. Current Course Details

Course Code [                    ]  Course Name [                    ]

School [                    ]  Faculty <select> [                    ]

### 3. Proposed Course Details

Course Code [          ]  Course Name [                    ]  Session to commence [          ]

School [                    ]  Faculty <select> [                    ]

<u>Field of Research (FoR) Code:</u> [          ]  <u>Socio-Economic Objective (SEO):</u> [          ]  <u>Field of Education (FoE) Code:</u> [          ]

Type of Research (Pure Basic, Strategic Basic, Applied, Experimental Development): [                    ]

If more than one, please nominate the % split [                    ]

(a) List the name and code of the subjects for the first two sessions, please refer to the <u>subject availability listing.</u>

| Subject Code | Subject Name |
|---|---|
| [          ] | [          ] |
| [          ] | [          ] |

(b) Study details, please <select>

Load [                    ]  Mode [                    ]  Home Campus [                    ]

## 4. Recommended Credits

Please provide subject codes for recommended credits.

| Subject Code | From Course | Session/s | Subject Points |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Total Subject Points [ ]

Estimated Minimum Candidature (session) [ ]     Estimated Maximum Candidature (session) [ ]

Will your supervisory team be changing as part of the course transfer?     ○ Yes     ○ No

If there is no change to your supervisory team, please go to the next section.

If there is a change, please list your current supervisory team, your proposed supervisory team and reason for the change.

## 5. Supervisory Team

### Current Principal Supervisor

Name [ ]     Staff ID [ ]

### Current Co Supervisor/s

Name [ ]     Staff ID [ ]

Name [ ]     Staff ID [ ]

### New Principal Supervisor

Name [ ]     Staff ID [ ]

### New Co Supervisor/s

Name [ ]     Staff ID [ ]

Name [ ]     Staff ID [ ]

Please provide reasoning for the change of one or more supervisors to your current supervisory team.

Comments: [ ]

## 6. Reason for Course Transfer Request

Please provide reasoning for your request to change courses.

Comments:

## 7. Research Area

Briefly describe the nature and content of the research now to be undertaken and please indicate how this differs from the original proposal

Comments:

## Research/Study Sites

Location of the research project: [_____]    Other: [_____]

What facilities and/or equipment are needed to undertake the research proposed?

Comments:
[                                                                                 ]

How will these facilities and/or equipment be provided/accessed?

Comments:
[                                                                                 ]

## 9. Any additional comments

Comments:
[                                                                                 ]

## 10. 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* <u>*Office of Research*</u> <u>*Services and Graduate Studies.*</u>

**Candidate:**

I hereby apply for this Course Transfer.

*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: | |
|------|--|-----------|--|-------|--|

| Forward by Email to next signatory |
|:---:|

**Principal Supervisor:**

*I have confirmed with the Co-Supervisor/s their endorsement of the course transfer proposal.*

| Name | | Signature | | Date: | |
|------|--|-----------|--|-------|--|

| Forward by Email to next signatory |
|:---:|

**Head of School/Institute:**

Does this candidate's research project FOR code (stated above) align with the School's current priority Field of Research codes?

☐ I Agree

Do you identify this candidate as an outstanding applicant with an excellent chance of completion?

☐ I Agree

If the candidate is transferring into a Master of Research or PhD and is not currently on a tuition fee coverage scholarship, do you endorse the candidate being awarded a Tuition Fee Offset place?

I Agree

Not applicable

*I endorse this request for a course transfer.*

| Name | | Signature | | Date: | |
|------|--|-----------|--|-------|--|

| Forward by Email to next signatory |
|:---:|

**Sub-Dean Graduate Studies:**

*I endorse this request for a course transfer. Where this transfer involves a change in supervisory and/or Faculty, the previous supervisor and/or Faculty have been consulted on this transfer.*

Name | Signature | Date:

Submit by Email

**Dean of Graduate Studies:**

*I approve this request for a course transfer.*

Name | Signature | Date:

Reset Form          Save As          Print Form

**Office of Research Services and Graduate Studies Use Only:**

☐ Confirm that candidate is a domestic candidate

☐ Scholarship transfer allowed?

☐ Transfer org codes where necessary

☐ Notify DSA and candidate

☐ Notify scholarship officer

☐ Enter course transfer into new admissions spreadsheet