

HDR 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 domestic and international offshore candidates only. Owing to visa implications, international on-shore candidates must [apply for admission](#) 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>

[Field of Research \(FoR\) Code:](#) [Socio-Economic Objective \(SEO\):](#) [Field of Education \(FoE\) Code:](#)

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 [subject availability listing](#).

Subject Code	Subject Name
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

(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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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:

8. 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 [Office of Research Services and Graduate Studies](#).

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:

Principal Supervisor:

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

Name Signature Date:

Head of School:

I endorse this request for a course transfer.

Name Signature Date:

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:

Dean of Graduate Studies:

I approve this request for a course transfer.

Name Signature Date:

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