

## Supervisor Registry Application (Internal, CSU Academics & Adjuncts) HDR Candidates

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). Please complete this form for listing on the Higher Degree Research (HDR) Supervisors Register. Please refer to the [Information for Supervisors](#) page for more information about key Supervisor and Supervisory team responsibilities.

### 1. Applicant Details

Title	<input type="text"/>	First Name	<input type="text"/>	Last Name	<input type="text"/>
Email	<input type="text"/>			ID number	<input type="text"/>
Position held:	<input type="text"/>				
School or Centre	<input type="text"/>	Faculty <select>	<input type="text"/>		

### 2. Academic Qualifications

Degree	Area/Major	Year Completed	University or Institution
<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"/>

### 3. DEEWR CODES (Fields of Research (FoR) Codes)

Please select the [FoR](#) codes in which you will be supervising students.

FoR Code	Student Name
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

### 4. Publications (Total number to date)

Books	<input type="text"/>	Refereed Designs	<input type="text"/>
Chapters	<input type="text"/>	Patents	<input type="text"/>
Journal Articles	<input type="text"/>	Creative Works	<input type="text"/>
Conference Publications	<input type="text"/>	Other Publications	<input type="text"/>

## 5. Supervisor Series Attendance

Have you attended all of the CSU Supervisor Series Workshops (5) ?  Yes  No

If No, please indicate the modules you still need to complete:

## 6. Previous Supervisory Experience

Student Name (completed)	Degree	Year Completed	University or Institution
<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"/>

Student Name (in progress)	Degree	Year Completed	University or Institution
<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"/>

Comments:

## 7. Research Projects involved in as Chief Investigator

Project Title	Funding Body / Unfunded	FoR Code
<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"/>

Comments:

## 8. 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 agree to supervise Higher Degree Research candidates in accordance with CSU requirements.
- I understand that if I do not meet my responsibilities the Research Committee shall remove me from the Register

Name  Signature  Date:

### Sub Dean (Graduate Studies):

- I recommend the above applicant for HDR Supervision
- I do not recommend the above applicant for HDR Supervision
- I am recommending as (A) Principal Supervisor
- I am recommending as (B) Co Supervisor

Name  Signature  Date:

### Nominee of the Research Committee:

- I approve the above application/recommendation for HDR Research Supervision
- I do not approve the above application/recommendation for HDR Research Supervision
- I am recommending as (A) Principal Supervisor
- I am recommending as (B) Co Supervisor

Comments:

Name  Signature  Date: