

PRINCIPAL SUPERVISOR RECOMMENDATION Doctor of Information Technology Course

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 Sections 1 - 10 and then forward to the next signatory via email. Your Faculty Associate/Sub-Dean (Graduate Studies) after the form has been endorsed by your Head of School will review and complete the Admission Recommendation prior to it being sent to the Research Office for the final review and processing.

1. Student Details

Title	<input type="text"/>	First Name	<input type="text"/>	Last Name	<input type="text"/>
Student ID Number	<input type="text"/>			Commencing Session	<input type="text"/>

2. Course Details

Course Code: 2912IT Course Name: Doctor of Information Technology School: School of Computing & Mathematics
Faculty: Business, Justice & Behavioural Science Academic Organisational Unit (AOU): 215

[Field of Research \(FoR\) Code](#)
(6 digits, cannot end in 00)

[Socio-Economic Objective \(SEO\) Code](#)
(6 digits, cannot end in 00)

Please advise whether the research is :

Pure Basic Research Strategic Basic Research Applied Research Experimental Development

If more than one, please nominate the % split -

(a) List the name and code of the research subject of which the research student is to enrol. Please refer to the relevant course listing in the CSU Handbook, and review the course structure section to see subjects associated with course.

Research Subject Code

Research Subject Name

Enrolment Sessions

(b) Study details, please <select>

Load

Mode

Home Campus

3. Previous Education History

(A) Summary of work or research experience relevant to the candidate's research proposal:

Comments:

4. Research Area

Briefly describe the nature and content of the research the candidate plans to undertake:

Comments:

Have you completed the research proposal approval form. Yes No

If yes, please ensure it is attached and submitted with this form.

5. Assessment of Experience

Criteria	Yes/No <select>	Comment
Currently working in or have access to an appropriate organisation such that the practical requirements of the program and the research can be undertaken.	<input type="radio"/> Yes <input type="radio"/> No	<div style="border: 1px solid black; height: 50px;"></div>

6. Intellectual Property (IP)

Please refer to the _____ if research is subject to contract with a third party.

Is IP likely to be developed during the project or is the project in an area where the Faculty has Commercial in-confidence agreements with third parties? Yes No

If Yes, the Research Office should be consulted prior to submission of the Research Proposal Form.

7. Ethics Approval

Is the research likely to involve animal experimentation and/or involve human participants or human biological materials, genetic manipulation, science data sets, sensitive archival sources, importation of experimental organisms or the deposition of biological materials? Yes No

If Yes, then it is necessary to submit an application to the appropriate Ethics Committee before approval of the Research Proposal form by the Research Advisory Committee.

8. Research/Study Sites

Location of the research project: Other:

What facilities and/or equipment are needed to undertake the research proposed as envisioned at this stage?

Comments:

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

Comments:

9. Principal Supervisor

Please note the Principal Supervisor must be listed as research active and registered as a Principal Supervisor on the [HDR Supervisory Register](#).

Name Staff ID

Is the Principal Supervisor research active:

10. Co Supervisor/s

Name Staff ID

Name Staff ID

11. 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](#).

Principal Supervisor:

I have confirmed with the Co-Supervisor/s their willingness to be nominated for appointment and I am prepared to supervise this project with the candidate.

I undertake to advise the candidate of the requirements for the Probationary Period and the Ethics approval, if necessary is to be obtained prior to the Research Proposal being approved by the Research Advisory Committee.

Name Signature Date:

Head of School:

I certify that adequate financial and physical resources are available for this Candidate and have consulted DFM where necessary (spaceman@csu.edu.au)

Name Signature Date:

Faculty Associate / Sub Dean (Graduate Studies):

I endorse this recommendation for admission of the Candidate. I certify that the proposed Supervisors are sufficiently expert in this area of research and have the time and commitment to be able to provide appropriate supervision.

I certify that the nominated Principal Supervisor is registered on the Research Office HDR Supervisor register within the A list.

I confirm the Principal Supervisor has been reviewed and is currently registered as research active: Yes No

Name Signature Date:

Nominee of the Research Advisory Committee:

I endorse this admission recommendation.

Name Signature Date:

Research Office Use Only

Please Note: Admission Recommendation for the Doctor of Information Technology course is not to be submitted to Admissions for an "Offer of Admission". Approval of the Admission Recommendation for the DIT is for RO purposes only.

Session Due to Commence:

Rate Code:

Minimum Candidature:

Maximum Candidature:

External Transfer: Transferring from: Eligible Credit (Subject Code):

Total previous PRTS EFTSU: Separation Status:

ATSI Descent: Yes No

Autonomous Sanction Check: If International Candidate, what country are they from?

Is this an AS Country? Yes No

Liaison Officer: