

## 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 the Research Candidate for approval and authorisation.

### 1. Student Details

Title	<input type="text"/>	First Name	<input type="text"/>	Last Name	<input type="text"/>
Student ID number	<input type="text"/>			Entry Term	<input type="text"/>
Email	<input type="text"/>				

### 2. Current Course Details

Course Code	<input type="text"/>	Course Name	<input type="text"/>
School	<input type="text"/>	Faculty <select>	<input type="text"/>

### 3. Proposed Course Details

Course Code	<input type="text"/>	Course Name	<input type="text"/>
School	<input type="text"/>	Faculty <select>	<input type="text"/>
Field of Research (FoR) Code:	<input type="text"/>	Socio-Economic Objective (SEO):	<input type="text"/>

(a) List the name and code of the research subject, please refer to the [subject availability listing](#).

**Research Subject Code**

**Research Subject Name**

<input type="text"/>	<input type="text"/>
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(b) Study details, please <select>

Load	<input type="text"/>	Mode	<input type="text"/>	Home Campus	<input type="text"/>
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### 4. Recommended Credits

For transfer from Coursework or Coursework/Dissertation Only. Please provide subject codes for recommended credits.

Subject Code	From Course	From Session/s
<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"/>

## 5. Reason for Course Transfer Request

Please provide reasoning for your request to change courses.

Comments:

## 6. 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:

## 7. 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:

## 8. Principal Supervisor

Name

Staff ID

## 9. Co Supervisor/s

Name

Staff ID

Name

Staff ID

## 10. Any additional comments

Comments:

## 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](#).

### Student:

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:

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### Head of School:

*I endorse this request for a course transfer.*

Name  Signature  Date:

### Sub / Associate Dean (Graduate Studies):

*I endorse this request for a course transfer.*

Name  Signature  Date:

### Director, Research Office:

*I approve this request for a course transfer.*

Name  Signature  Date: