



Swinburne University of Technology
International Student
Application for Admission to Research
Higher Degree Candidature and Scholarship

If you are a permanent resident, or citizen of Australia or New Zealand you cannot apply using this form.

SECTION A: PERSONAL DETAILS

If previously enrolled at Swinburne University of Technology, please provide your Swinburne ID number.

Grid for Swinburne ID number

Are you a Swinburne staff member? Yes No

If yes, please provide your Swinburne Staff ID Number.

Grid for Swinburne Staff ID Number

Title: (Mrs, Miss, Ms, Mr, Dr etc) Gender: Female Male Date of birth: DD/MM/YY

Family name: (as indicated in passport)

Given names: (leave spaces between names)

If you have changed your name, give your previous name

Email address:

Applicants must provide their personal email address. All communications/information regarding the progress of the application will be emailed directly to the applicant.

Postal address: Number/street

Grid for postal address number/street

Grid for postal address suburb/city

Grid for postal address country

Grid for postal address postcode

Residential address: (residential address should not be the same as your agent) Number/street

Grid for residential address number/street

(Fill out only if different to postal address) Suburb/city

Grid for residential address suburb/city

Grid for residential address country

Grid for residential address postcode

Telephone: Mobile:

Country of citizenship: Submission location: (What country were you in when you submitted this application?)

Country of birth: Do you hold a valid Australian visa? Yes No

If yes, type of visa: Visa expiry date: DD/MM/YY

Do you have disability? Yes No If yes, please provide details:

Note: this is for support purposes only and will not affect the outcome of your application.

You may wish to contact the Disability Support Service for further information on the support services available on 9214 8500 or refer to www.swinburne.edu.au/stuserv/disability/ for more information

Application

SECTION B: PROPOSED STUDY PROGRAM

1. Which research program are you applying for? (to check program code refer to www.swinburne.edu.au/coursefinder)

Program Code Eg N001, A007	Program Name Eg Doctor of Philosophy, Master by Research	Campus	Intended Commencement Month Year

Please note:

- The actual start date is the day on which you enrol. We do not recommend that you commence your candidature in December.
- Please allow up to six months for the processing of your student visa application

2. If applying for the research component of a Professional Doctorate in Design, what was your commencement date in the program? / /

3. Prior contact with the Faculty/School/Department (It is essential that you indicate which academic staff member in your area of proposed research you have had contact with).

Have you contacted the relevant academic Faculty/School/Department Yes No

If **yes**, please provide the name of the person(s) you would like to nominate as your potential academic supervisor(s)

Name: Faculty:

If **no**, then this application will now be referred to the most appropriate Faculty/School/Department as a research enquiry to ascertain if a suitable academic supervisor can be identified and you will be informed via email.

SECTION C: ENGLISH LANGUAGE PROFICIENCY

English is my first language

I have an overall band score of at least 6.5 on the International English Language Testing System (IELTS) (Academic Module) with no individual band score less than 6.0

Date of test: / / Overall Band Score

I have achieved at least the following scores in the Test of English as a Foreign Language (TOEFL – Paper Based minimum score of 575 (with a Test of Written English (TWE) score of 5); or Internet-Based (iBT) minimum score of 85 with no band less than 18).

Date of test: / /

I intend to sit for an IELTS or TOEFL test on / /

I have studied in English for two years full-time equivalent

SECTION D: RESEARCH PROPOSAL

(a) Title of research proposal:

Please attach a brief description of your project (approximately 100-200 words). As a guide the description may include background of the research problem, proposal research methodology, proposed research method, an overview of the initial literature of the research problem, possible limitations, the contribution to knowledge that this project will potentially make.

Are there any essential/special requirements required to undertake this research? Yes No

(b) If **Yes**, what is required?
.....
.....

(c) Where will the research work be conducted?

Internally (ie at Swinburne)

Externally (please name organisation/s and provide the address/es)
.....

Combination of both internal and external, please state where the majority of the research will be carried out.
.....

If your research is being supported by an organisation external to Swinburne (eg APAI, CRC, Industry Scholarship) have you signed a 'Deed of Assignment'?
 If you have not signed a 'Deed of Assignment' you may be required to do so prior to commencing your project. The Deed of Assignment is a formal contract between the candidate and the University and is tied to the formal contract between the University and the funding body that covers issues pertaining to the ownership of Intellectual Property. Where an external body that is providing funds for the research holds a contract with the University you are not permitted to commence your candidature until you and the University have signed a 'Deed of Assignment'. For further information please check with your proposed principal coordinating supervisor.

The University's Intellectual Property Policy is available at www.swinburne.edu.au/corporate/registrar/ppd/docs/IntellectualPropertyPolicy.pdf

SECTION E: SUPERVISION

(a) Please nominate a coordinating supervisor

(b) Please nominate an associate supervisor

You may have further supervisors if appropriate

(c) Name of 3rd supervisor (optional)

(d) Name of 4th supervisor (optional)

(e) Have you spoken with the above-named supervisors about your intended project?

Yes No (Please note that strict rules apply to the number of candidates that an academic can supervise)

SECTION F: FOR COMPLETION BY SUPERVISORS

- Before you agree to supervise an applicant you must be approved to the 'Register of Accredited Supervisors'. You should also read the Research Higher Degrees Policy and Procedure at www.research.swinburne.edu.au/higher-degrees/postgraduate
- Maximum supervisory loads apply. Supervisors are limited to 7 EFTSL as coordinating supervisor and 10 students in total. In some circumstances, the Research Higher Degrees Committee may apply lower limits. Please ensure that you are within current load limits before you agree to supervise a student.
- If there are more than four members of the proposed supervisory team, please attach extra copies of this page.

1. Principal Coordinating Supervisor

I agree to be the principal coordinating supervisor for: (Applicant's name)

I am approved by the Swinburne Research Higher Degrees Committee to supervise at this level and I have read the Research Higher Degree Policy and Procedures and the Statement of Supervisory Practice.

Current supervisory load (Number of students) : Register checked

Doctoral Full time Part-time **Master** Full-time Part-time

Name: Present Position:

Email: Swinburne Internal Mail No.

Telephone: Faculty or External Address

Signature Date: / /

Have you attended any workshops on research supervisory practice in the last 12 months? Yes No

2. Coordinating Supervisor

I agree to be the coordinating supervisor for: (Applicant's name)

I am approved by the Swinburne Research Higher Degrees Committee to supervise at this level and I have read the Research Higher Degree Policy and Procedures and the Statement of Supervisory Practice.

Current supervisory load (Number of students) : Register checked

Doctoral Full time Part-time **Master** Full-time Part-time

Name: Present Position:

Email: Swinburne Internal Mail No.

Telephone: Faculty or External Address

Signature Date: / /

Have you attended any workshops on research supervisory practice in the last 12 months? Yes No

3. Associate Supervisor

I agree to be the associate supervisor for: (Applicant's name)

I am approved by the Swinburne Research Higher Degrees Committee to supervise at this level and I have read the Guidelines for Supervision of Higher Degree Research Students.

Current supervisory load (Number of students) : Register checked

Doctoral Full time Part-time **Master** Full-time Part-time

Name: Present Position:

Email: Swinburne Internal Mail No.

Telephone: Faculty or External Address

Signature Date: / /

Have you attended any workshops on research supervisory practice in the last 12 months? Yes No

4. Associate Supervisor

I agree to be the associate supervisor for: (Applicant's name)

I am approved by the Swinburne Research Higher Degrees Committee to supervise at this level and I have read the Guidelines for Supervision of Higher Degree Research Students.

Current supervisory load (Number of students) : Register checked

Doctoral Full time Part-time **Master** Full-time Part-time

Name: Present Position:

Email: Swinburne Internal Mail No.

Telephone: Faculty or External Address

Signature Date: / /

Have you attended any workshops on research supervisory practice in the last 12 months? Yes No

SECTION G: ETHICS APPROVAL

Please discuss with your proposed supervisor prior to completion of this section.

(a) Does your project involve any of the following: (please tick)

- Human Research (eg various activity with or about people or their data, personal belongings or tissue) – proceed to Q1 (b)
- Care and use of live animals – proceed to Q1 (b)
- Genetically Modified Organisms (GMO) – proceed to Q1 (b)
- None of the above

If your research does involve any of the above, it will require ethics approval from either the Human Research Ethics Committee (HREC) or the Animal Experimentation Ethics Committee (AEEC). Application forms are available from the Secretary, HREC / AEEC, telephone 613 9214 8468 or 613 9214 5218 or facsimile 613 9214 5267 or www.research.swinburne.edu.au/researchers/ethics

(b) Do you have ethics clearance from or on behalf of either the Swinburne's Human Research Ethics Committee (SUHREC) and/or the Animal Experimentation Ethics Committee (AEEC) and/or Institutional Biosafety Committee (SUIBC)?

- Yes – Please provide certificate number given to your application
and date approval was obtained / /
- No

SECTION H: SCHOLARSHIPS

1. Applying for a scholarship

Notes: Information on scholarships offered and a detailed guide to each scholarship is available on the web at www.swin.edu.au/research/schols.htm

Completion of the following section of the form signifies that you wish to be considered for a scholarship during the annual scholarship round which opens in August and closes at the end of October or the mid-year scholarship round which opens in March and closes at the end of May. It is your responsibility to ensure that referee reports are forwarded to your referees and returned in time to be considered during the scholarship round.

An offer of candidature is not dependent on the award of a scholarship.

If you are already enrolled in a research program, please contact the Swinburne Research Office on (03) 9214 5547.

Your scholarship application will only be considered if all the required documents are provided. Scholarships are awarded only for full-time study.

2. I wish to apply for a scholarship – please tick the relevant box(es)

- Chancellor’s Research Scholarship
- International Postgraduate Research Scholarship (IPRS)
- Swinburne University Postgraduate Research Award (SUPRA)
- Other

3. (a) Have you been awarded an external scholarship to undertake your research? Yes No

(b) If yes, please state name and type of scholarship

4. If your application for scholarship is not successful, indicate below what action you want to take

- I still wish to be considered for admission to the University, as I have other financial support/sponsor – provide details
.....
.....
- I wish to withdraw my application

SECTION I: ACADEMIC BACKGROUND

List all courses in which you have been enrolled at tertiary institutions. Attach original or certified academic transcripts for each course.

Title of Program	Awarding Institution	Period of Enrolment	Completed Yes/No When?	Honours Level eg. H1, H2A	Language of Instruction
<i>Example: MSc</i>	<i>Swinburne University of Technology</i>	<i>2001-2003</i>	<i>Yes, 2003</i>	<i>H1</i>	<i>English</i>

SECTION J: PRIOR RESEARCH

1. Did any of the completed degrees above include a research component? Yes No

If **Yes** (a) What percentage of the degree was research? Please provide evidence

.....

(b) Please provide a brief summary of that research (attach further documentation if required):

.....
.....
.....

(c) Have you undertaken any additional research or has any of your work been published? Yes No

(d) If Yes, please list (attach further documentation if required):

.....
.....
.....

2. Are you transferring from another Australian university or have you previously been enrolled in a research degree at another Australian university?

Yes No

If yes, (a) Name of university

(b) What was your candidature commencement date? / /

(c) Have you withdrawn/completed your candidature? Yes No

If yes, Date of completion/withdrawal / /

3. Have you previously been excluded from a program at Swinburne or any other University Yes No

If yes, please provide details

(a) Institution

(b) Reason

SECTION K: RELEVANT EMPLOYMENT HISTORY AND/OR RESEARCH EXPERIENCE

Start Date	End Date	Employee	Nature of work	Full-time or Part-Time

SECTION L: REFEREES

Please provide details of at least two people to whom confidential reference may be made by Swinburne. These people should have current professional knowledge of your academic ability and be able to judge your research potential. In an application for PhD or Professional Doctorate candidature, one of these referees must be external to Swinburne.

	Referee One	Referee Two
Name		
Position		
Address		
Daytime Telephone		
Mobile Number		
Email Address		

Referee reports

In addition to nomination of referees in Section L, you must send a copy of the full referee report form (available on the web at <http://swin.edu.au/research/schols.htm>) to each of your referees for completion and return to Swinburne Research by 31 October if you are applying for consideration in the annual scholarship round, or by 31 May for the mid-year round.

Please read and complete the CHECKLIST and DECLARATION on the next page

SECTION M: CHECKLIST AND DECLARATION

Check that you have

- Completed and signed the application form
- Answered all questions
- Nominated two academic referees
- Contacted an Academic Supervisor/s and obtained relevant signatures in Section F or attached email confirmation
- Completed and signed the application form
- Kept a copy of the application for your records

Check that you have attached copies of the following:

- Translated documentation if original documents are in a language other than English
- Summary of Research Proposal
- Details of award or achievements
- Details of research experience
- List of academic publications
- A copy of your curriculum Vitae outlining details of any relevant research and/or professional experience
- Evidence of English language proficiency
- Academic transcript/s (including key to results)
- Evidence of Completion

Please ensure that documentation is certified as a true and correct copy of the original by either the issuing body or by those people qualified to accept a statutory declaration (eg police, pharmacist, doctors, accountants). **Do not submit original documents**

Applicant's declaration

1. I declare that the information submitted with this application is true and complete. I further declare that any tertiary academic results submitted are a complete record of all results I have obtained from every tertiary institution I have attended.
2. I acknowledge that failure to disclose my academic record may result in the University revoking an offer or terminating my studies at any stage.
3. I authorise the University to seek verification of my academic and professional qualifications, and work experience. I understand that the University reserves the right to inform other tertiary institutions and regulatory agencies if any of the material presented to support my application is found to be false.
4. I understand that at the time of enrolment I will be required to supply originals of all documents used to support this application.
5. I acknowledge that the University reserves the right to alter any course, subject, admission requirement or fee without prior notice.
6. I understand that the personal information I have provided may be released to government agencies as required by law. I further understand that it may be disclosed to third parties for the purpose of progressing my application.

Signature of applicant: Date: / /

Send application to:

AA Education Network
26 Koorringa Avenue, Cleveland
QLD 4163
Telephone: +61 7 3488 2916
Email: info@aa-education.com
Web: www.aa-education.com



1. Please mark the category used to establish eligibility for candidature. (Please ensure that evidence of eligibility, including equivalence, is provided with the application).

- Master by Research Master by Coursework 4 year Bachelor Degree with Honours 1 or 2A or equivalent
- Other postgraduate qualifications Other relevant tertiary qualification Other relevant experience

2. Are essential resources that are required to complete the applicant's research project available? Yes No

If No, please provide details of essential requirements and when they are expected to be available.

3. Does the Faculty have sufficient depth of expertise in the appropriate area to cover a situation where the current supervisory team is no longer available? Yes No

Is the applicant required to undertake any preliminary studies? Yes No

If Yes, please provide details of required preliminary studies.

4. Will the applicant be awarded a Faculty/Industry scholarship to undertake the research? Yes No

5. If the applicant has applied for an IPRS, Chencellor's Research Scholarship or SUPRA, do you wish to support the scholarship application? Yes No

6. Are you requesting a Tuition Fee Scholarship without stipend (previously Division Fee Exemption)? Yes No

CHAIR OF FACULTY RESEARCH COMMITTEE APPROVAL

CHECKLIST – Prior to approving this application:

- Consider information contained within the applicant's referee reports
- Ensure that current supervisory load limits are adhered to prior to approving the application

The Faculty Research Committee recommends the applicant for admission to candidature

- Program PhD MA MEng MSc MDes MMaths
- Circle one By Thesis
- By Exegesis
- By Publication

Or research component of DPpsych (Couns) DPpsych(Clin) DDes

Program Code **Unit of Study Code/s**

Name of Chair of Faculty Research Committee:

Signature: Date: / /

RESEARCH HIGHER DEGREES COMMITTEE APPROVAL

Authorised by Chair, Research Higher Degree Committee

Signature: Meeting Date: / /

Outcome: Admitted Conditional Rejected Pending Deferred

Conditions/Reasons:

