

Visiting Research Students Application Form

Office Use Only – Student ID: _____

1. Personal details (please place X in appropriate boxes)

Title: Mr Mrs Ms Dr Other

Family Name:

Given Names:

Gender: Male Female Date of Birth: Day Month Year

Mailing Address:

Telephone No: Home: Work:

E-mail address:

Please state your country of citizenship: and passport number:

Please list someone who can be contacted in case of an emergency:

Full name: Relationship to you:

Contact details:

2. Qualifications

Statement(s) of your **full tertiary academic history must accompany this application.**

Degree or other qualifications held	Awarding institution	Year completed	Major or discipline	Honours/Final grade

3. Current enrolment

Please provide details of your current study.

Home institution:

Address of institution:

Degree program:

Department:

Supervisor:

Thesis title:

4. Proposed study at Monash University

Department, centre, school or unit of proposed study:

Faculty of proposed study:

Campus on which you wish to study:

Please indicate the period of time which you plan to study at Monash University:

from: Day Month Year to: Day Month Year

Telephone No: Home: Work:

Proposed supervisor/s:

Will the research undertaken at Monash University require ethics clearance? Yes No

Do you hold any scholarships or other awards to support your study? Yes No



Provide full details:

5. Declaration by applicant

The information on this form is collected for the primary purpose of assessing your application. Other purposes of collection include the creation of an enrolment record on the student database, attending to administrative matters, corresponding with you and statistical analyses. Personal information may also be disclosed to the relevant bodies for the verification of your qualifications and it may be disclosed to government agencies as required by legislation. If you wish to seek access to your personal information or inquire about the handling of your personal information, please contact the University Privacy Officer on 9905 6011.

I declare that I have read the instructions on this application form and that the information provided by me is true and complete. I recognise that it is my responsibility to provide all necessary documentation to support my application.

Signature: _____

Date: _____

Please forward your application to your proposed supervisor at Monash University

Section B - Head's certification and recommendation

To be completed by head of department in consultation with the main supervisor

1. Proposed research

Please comment on the candidate's proposed research program with particular reference to the availability of appropriate research expertise and facilities to support the candidate during their visit to Monash.

2. Ethics Clearance

Will the project require ethics clearance from the relevant committee? (projects involving questionnaires, interviews and surveys are subject to human ethics clearance.)

	Approval required			Approval obtained (if necessary)		
Human ethics	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> To be determined	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Animal ethics	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> To be determined	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Ionising radiation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> To be determined	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Biosafety*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> To be determined	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

*(recombinant DNA technology)

3. Supervision

The candidate will be supported by the following supervisor at Monash, who has agreed to act in this capacity:

Full Name: Department:

Callista ID No: Staff ID No: Monash Position:

Telephone No: Email address:

4. Departmental Authorisation

I endorse the applicant's request to visit Monash University and commit the necessary resources within the academic unit to support candidate under the following conditions:

The applicant be accepted on the following basis: Fee paying Fee waived

The approved duration of study at Monash University is:
from: Day Month Year to: Day Month Year

Head of academic unit:

Name: _____ Signature: _____ Date: _____

Main supervisor:

Name: _____ Signature: _____ Date: _____

On completion of this section the form should be forwarded to the relevant faculty committee.