

## Application for coursework units of study to be undertaken as part of a research degree

This form is for **School of Public Health research students only** and must be completed when a candidate for a research degree wishes to undertake coursework units of study as part of a research candidature. For further details, please refer to the School of Public Health policy entitled "*Policy on School of Public Health research students undertaking coursework as part of a research degree*"

### 1. Personal details

Family name:				Given names:					
Student no:									
Research degree:	<input type="checkbox"/> Doctorate			<input type="checkbox"/> Masters by research					
Research thesis title:									
Supervisor's name:									

### 2. Coursework unit details

Please indicate your reason(s) for wanting to undertake these unit(s) of study and their relevance to your research degree (attach separate page if necessary).


Have you previously enrolled in coursework units of study as part of a research degree? (*Please do not include units of study undertaken as part of a coursework degree eg MPH etc*)

Yes                       No

If yes, please provide unit of study details:

Unit of study name and/or code	Semester	Year taken

### 3. Student Declaration

By completing and returning this form I understand that I will be required to comply with general coursework rules and I will need to enrol and attend unit lectures and tutorials and complete all assessment tasks. I understand that results of coursework units of study that I have undertaken, including Fail and Absent Fail, will be recorded on my official university transcript as a part of my research degree.

I confirm that by enrolling in these units of study I will not exceed the twelve (12) credit point limit on units of study undertaken as a part of a research degree, OR

Undertaking these units will exceed the limit of twelve (12) credit points of coursework units of study and therefore I will require Head of School approval (*see overleaf*).

Student's Signature:	Date:
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**4. Coursework unit details and approvals**

I wish to enrol in the following coursework unit(s) of study as part of my research degree.

*Approvers should sign against each coursework unit to indicate approval*

Course name	Course code	Semester of study	Unit Coordinator Approval <i>(please print and sign your name)</i>	- OFFICE USE ONLY Postgraduate Coordinator Approval	- OFFICE USE ONLY - Head of School approval <i>(required where student wishes to undertake more than twelve (12) credit points of coursework units of study)</i>

**5. Supervisor approval**

Please indicate the reason(s) why the completion of the coursework unit(s) will directly assist the student's research degree (attach separate page if necessary).


I recommend that the applicant be allowed to enrol in the coursework units specified above.

Supervisor name: (Block letters)	
Signature:	Date:

**Please return this completed form to:**

Manager LTSU  
Room 327  
School of Public Health  
Edward Ford Building (A27)