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| **Course Transfer from PhD to Masters by Research Application Form** |
| **For Higher Degree by Research students** |

**Graduate Research School** **grs@uts.edu.au** **Level 2, Building 15, 622-632 Harris Street, Ultimo**

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| **1. Student section** |

***Must be requested by the Coursework Census date of each session***

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | First name |  |
| Faculty |  | Course name |  |
| Student ID |  | New course |  |
| New course code |  | Study rate |  | full time |  | part time |
| **Reason for requesting a transfer from PhD to a Masters by Research degree** |
|  |
| **Please attach the following supporting documentation** |
| 1. Proposal which addresses how the project will be redefined for the masters level
 |  | attached |
| 1. Revised timeline which accounts for the revised EWS date
 |  | attached |
| 1. Supporting statement from principal supervisor, indicating reasons for the transfer. *Note: if there are changes to the principal supervisor, the statement of support will need to come from the new principal supervisor.*
 |  | attached |
| 1. Statement of support from Faculty RAO.
 |  | attached |
| *I understand and declare that my request for a downgrade is in accordance with the student and related rules,* [*Section 11 Graduate Research Study*](http://www.gsu.uts.edu.au/rules/11-index.html) |
|  |  |  |
| **Signature** | **Date** |  |

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| **2. Faculty section** |

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| **Complete the following information, if no change is required please put “no change” in those boxes.** |
| New supervisory panel |  |
| New Thesis topic |  |
| New FOR code/s |  | New SEO code/s |  |
| **Faculty approval** *I support/do not support the student’s request for a transfer from PhD to a Masters by Research degree.* |
|  | Support |  | Do not support |
| **Principal** **Supervisor** |  |  |  |
|  | **Name** | **Signature** | **Date** |
|  |
| *I support /do not support the student’s request for a transfer from PhD to a Masters by Research degree.* |
|  | Support |  | Do not support |
| **New Principal** **Supervisor (if applicable)** |  |  |  |
|  | **Name** | **Signature** | **Date** |
|  |  |  |  |
| *I endorse/do not endorse the student’s request to transfer from PhD to a Masters by Research degree.* |
|  | Endorse |  | Do not endorse |
| **Responsible Academic Officer** |  |  |  |
|  | **Name** | **Signature** | **Date** |

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| **3. Graduate Research School section**  |

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| **Dean, Graduate Research School***I approve/do not approve the request for a transfer from PhD to a Masters by Research degree.* |
|  | approve |  | not approve |
|  |  |  |
| **Signature** | **Date** |  |
| Comments |
|  |
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