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| **Course Transfer 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 load |  | full time |  | part time |
| **Reasons for applying for a transfer from current degree to another research degree**  |
|  |
| **Please attach the following supporting documentation** |
| **1.** A proposal which addresses how the project will be redefined for the new course |  | attached |
| **2.** A supporting statement from your 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 |
| **3.** Evidence of completion of Stage One Doctoral or Masters Assessment *(if applicable)* |  | attached |
| **4.** Evidence of satisfactory progress *(ie. most recent Review of Progress)* |  | attached |
| **5.** Supporting statement from the faculty RAO. *Note: if there are changes to your faculty or school, the statement of support will need to come from the new faculty/school RAO.* |  | attached |
|  |
| *I understand and declare that my request for a course transfer 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 if transferring from one faculty to another faculty** |

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| **Current faculty** |  |  |  |
| *I support/do not support this application for a transfer of course* |
|  | Support |  | Do not support |
| **Current Principal Supervisor** |  |  |  |
|  | **Name** | **Signature** | **Date** |
|  |
| *I endorse/do not endorse the student’s application for a transfer of course* |
|  | Support |  | Do not support |
| **Responsible Academic Officer current faculty** |  |  |  |
|  | **Name** | **Signature** | **Date** |
| **New faculty** |  |  |  |
| *I support/do not support this application for a transfer of course* |
|  | Support |  | Do not support |
| **New Principal Supervisor** |  |  |  |
|  | **Name** | **Signature** | **Date** |
|  |
| *I endorse/do not endorse the student’s application for a transfer of course* |
|  | Endorse |  | Do not endorse |
| **Responsible Academic Officer new faculty** |  |  |  |
|  | **Name** | **Signature** | **Date** |

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| **3. Faculty section if transferring within the faculty** |

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| *I support/do not support the student’s application for a transfer of course* |
|  | Support |  | Do not support |
| **Current Principal** **Supervisor** |  |  |  |
|  | **Name** | **Signature** | **Date** |
|  |
| *I support/do not support the student’s application for a transfer of course* |
|  | Support |  | Do not support |
| **New Principal** **Supervisor (if applicable)** |  |  |  |
|  | **Name** | **Signature** | **Date** |
|  |
| *I endorse/do not endorse the student’s application for a transfer of course* |
|  | Endorse |  | Do not endorse |
| **Responsible Academic Officer** |  |  |  |
|  | **Name** | **Signature** | **Date** |
|  |
| **4. Faculty section for all applications** |

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| **Complete the following information, if no change is required please put “no change” in those boxes.** |
| Stage 1 Masters/PhD Assessment to count as Stage 1 Assessment in new course |  | Yes |  | No |
| If **no**, stage 1 Assessment should be taken within 6 months of the transfer or by: |  |
| New supervisory panel |  |
| New Thesis topic |  |
| New FOR code/s |  | New SEO code/s |  |

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| **5. Graduate Research School section**  |

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| **Dean, Graduate Research School***I approve/do not approve the application for a transfer of course* |
|  | approve |  | not approve |
|  |  |  |
| **Signature** | **Date** |  |
|  |
| Comments |
|  |