

APPLICATION FOR ADMISSION

HIGHER DEGREES BY RESEARCH



PLEASE NOTE: Before completing this form, please read the **Instructions for Higher Degrees by Research Applicants**. Incomplete applications will not be accepted.

1.0 PERSONAL INFORMATION AND CONTACT DETAILS

Title:	Family name:	Given name/s:
USC Student ID number (if known):		Preferred name:
Gender:	Date of birth: DD MM YYYY	

Citizenship

- Australian Citizen or Permanent Resident → Attach certified evidence
- Australian Aboriginal and/or Torres Strait Islander → Attach certified copy of Certificate of Aboriginality and birth certificate or passport
- Other (please specify): → Attach certified copy of birth certificate, citizenship certificate or passport

Mailing address

Street:	City / Suburb:	
Postcode:	State:	Country:

Permanent address (if different from mailing address)

Street:	City / Suburb:	
Postcode:	State:	Country:

Telephone:	Email:
------------	--------

2.0 WHICH HIGHER DEGREE BY RESEARCH PROGRAM DO YOU WANT TO ENROL IN?

Doctor of:	Master of:
------------	------------

3.0 IN WHICH SCHOOL DO YOU EXPECT TO BE ENROLLED?

- Faculty of Arts, Business and Law
- Faculty of Science, Health, Education and Engineering

Have you spoken to a potential supervisor about your proposed research? Yes No

Proposed supervisor/s:

4.0 PLEASE INDICATE YOUR PREFERRED MODE OF STUDY

- Full-time candidate *or* Part-time candidate
- On-campus candidate *or* Off-campus candidate (*I will not require workspace on campus*)

Proposed commencement date (must be at least two months from date of application):

- 1 February
- 1 April
- 1 July
- 1 November

APPLICATION FOR ADMISSION

HIGHER DEGREES BY RESEARCH



PLEASE NOTE: Before completing this form, please read the **Instructions for Higher Degrees by Research Applicants**. Incomplete applications will not be accepted.

5.0 PLEASE INDICATE WHETHER YOU HAVE PREVIOUS INCOMPLETE HIGHER DEGREE BY RESEARCH STUDIES:

I have previous incomplete Higher Degree by Research studies (*provide details below*)

Name of Institution:	Name of Program:
Student ID number (<i>if known</i>):	
Details of candidature:	

6.0 REQUIRED INFORMATION

Were you born in Australia? Yes No

➔ If no, what is your country of birth? What year did you arrive in Australia?

What is your first language?	What language do you speak at home?
------------------------------	-------------------------------------

What visa are you applying for? (*International Applicants only*)

Student visa Extension to Student visa—subclass: Other:

Do you require OSHC*? Yes No, I will arrange my own OSHC cover

➔ If yes, specify type of cover required: Single cover Dual family# Multi family†

If purchased through USC, OSHC Essentials cover will be provided by our preferred provider OSHC Allianz Global Assistance.

* Overseas Student Health Cover. # Either one adult spouse or recognised de-facto partner or one or more dependant children accompanying the valid Student visa holder.

† More than one dependant which can only include one adult spouse or recognised de-facto partner and one or more dependant children accompanying the valid Student visa holder.

The following information is used in a confidential manner by the Disability Services Officer to assist you in accessing support services as required. Please indicate by checking the appropriate box below if you have a disability, impairment or long-term medical condition or carer's responsibilities which may affect your studies:

Hearing Medical Mobility Vision Other (*please specify*):

Carer ➔ Hours per week:

7.0 ENGLISH LANGUAGE PROFICIENCY REQUIREMENTS

English is my first language (Accepted from the following countries: Australia, Canada, New Zealand, Republic of Ireland, South Africa, United Kingdom and United States)

I have attached proof of an IELTS, TOEFL or equivalent test completed within the past two years, which indicates that I meet the required English Language proficiency.

Language of Instruction English (LOI): Minimum 2 years full-time tertiary (university level) study successfully completed in the last 5 years in one of the following countries: Australia, Canada, New Zealand, Republic of Ireland, South Africa, United Kingdom and United States (other countries will be considered on a case by case basis)

Other (please specify):

8.0 PROPOSED THESIS TITLE (up to 20 words)

APPLICATION FOR ADMISSION

HIGHER DEGREES BY RESEARCH



PLEASE NOTE: Before completing this form, please read the **Instructions for Higher Degrees by Research Applicants**. Incomplete applications will not be accepted.

9.0 POSTGRADUATE RESEARCH SCHOLARSHIP (IF APPLICABLE)

I am applying for a **Postgraduate Research Scholarship**

Name of scholarship:

Closing date for applications:

10.0 STATEMENT BY APPLICANT

- I agree to pay all fees for which I am liable, and have read and agree to abide by the University of the Sunshine Coast's Student rules, policies, procedures and guidelines and conditions of enrolment, including the Student Fees and Charges Policy, and Student Fees, Charges and Refunds Procedures, which are available on the USC website.
- I understand that failure to pay fees and charges owed to the University by the due date may result in my access to University services being restricted, the cancellation of my enrolment and/or action to recover any remaining debt.
- I consent to information collected about me on this form being disclosed if authorised or required by law, and/or in certain circumstances the Australian Government and/or designated authorities authorised by the University, in accordance with the University's Privacy Plan available at www.usc.edu.au/privacy and where applicable, the Director of the Tuition Protection Scheme, pursuant to obligations under the *Education Services for Overseas Students (ESOS) Act 2000* and the *National Code 2007*.
- I declare that the information I have provided on this application form is true and complete and authorise the University of the Sunshine Coast to obtain further information required to complete enrolment.
- I agree to immediately notify the University of the Sunshine Coast of any changes to the information I have given in this application form, including a change of address.

- I understand the University of the Sunshine Coast reserves the right to vary or reverse any decision regarding admission or enrolment made on the basis of incorrect or incomplete information.

International applicants only

- I understand that I cannot change my education provider during the first six months of my course, except in limited circumstances, without a written letter of release from the University of the Sunshine Coast and an official offer of a place from another registered education provider.
- I agree that I am fully responsible for all education and living expenses, both for myself and for all my dependants that accompany me while I am studying at the University of the Sunshine Coast, and am aware that school-aged dependants accompanying me will be required to pay full fees at a private or government school in Australia.
- I understand that my rights and responsibilities as a student studying in Australia are governed by the *Education Services for Overseas Students (ESOS) Act 2000* and the *National Code 2007*, outlined at www.internationaleducation.gov.au/regulatory-information
This agreement, and the availability of complaints and appeals processes, does not remove my right to take action under Australia's consumer protection laws.

- I understand that giving false or misleading information is a serious offence under the Criminal Code (Commonwealth).
- I understand and accept the conditions set out in the declaration above.
- I have read USC's Instructions for HDR Applicants and understand that applications that do not comply with these instructions will not be accepted.
- I have provided the required information and documents to support my application, including my CV.

Title:	Name:
--------	-------

Signature:	Date:
------------	-------