## **Graduate Research Academy**

Level 2, 16 Wally's Walk, Macquarie University <a href="https://www.mq.edu.au/research/phd-and-research-degrees">https://www.mq.edu.au/research/phd-and-research-degrees</a>

Email: gr.candidatesupport@mq.edu.au

Phone: +61 2 9850 4741



## TRANSFER APPLICATION (TRF)

Use this form to apply to transfer from one research degree to another or from one Faculty or Department or area of study to another. Please note that there is no need to complete a 'Change of Supervisor' (SUP) form. Change of supervisors will be processed based on information provided on this form. The effective date of transfer will also be the effective date of changeover of supervisors. Applications received after the closing date will be considered for transfer in the following Session.

 $\begin{tabular}{ll} \textbf{Transfer Policy:} & \underline{\text{https://staff.mq.edu.au/work/strategy-planning-and-governance/university-policies-and-procedures/policies/higher-degree-research-degree-transfer} \\ \end{tabular}$ 

Closing Dates: 7 February for Session 1 (January - June) 7 August for Session 2 (July - December)									
Student Number									
Family Name	Other Na	mes							
Email address		Tolor	-hono						
Email address		Telephone							
Are you an international student? No Yes Are you a paid scholarship holder? No Yes	] ] <b>→</b> Name y	ame your scholarship							
TRANSFER DETAILS									
Applying to transfer to another area of study in (e.g. From Cultural Studies [Discipline] to Media [Discipline] we From Discipline:  Applying to transfer to another Department and (e.g. From Department of Mathematics to Department of Statist From Department:  Applying to transfer to another Faculty (e.g. From Faculty of Arts [in Department of Sociology] to Faculty To Department and Faculty:  To Department and Faculty:	ithin the Departme To Dis d remaining i stics within the Fac To De Disculty of Business &	cipline  n the southy of partme cipline  Economic ipline:	same Science ent:	Facul	nent of l	Econom	nics]		_
Applying to transfer to another program (inclu (e.g. From MPhil in Ancient History to PhD in Ancient History)	ding upgrade	/ dow	ngrad	ie)					
From:	To:								
Please provide the names of <b>all</b> of your current superv *please cross out whichever not applicable.	isors (please F	PRINT	Title~	First N	Name~	Last N	Name)		
Principal Supervisor / Acting Principal Supervisor	Associat	e Supe	rvisor	/ Acting	Assoc	ciate Su	upervis	or	
Adjunct HDR Supervisor	Other titl	e (plea	se prin	ıt):					
NEW SUPERVISORY ARRANGEMENTS									
Please provide the names of all of your new superviso	rs (please PRI	NT) *p	lease c	ross ou	t whiche	ever not	applica	ble.	
Principal Supervisor / Acting Principal Supervisor	Associat	e Supe	rvisor	/ Acting	g Assoc	ciate Si	upervis	or	
Adjunct HDR Supervisor	Other titl	e (plea	se prin	nt):					

## **CANDIDATURE DETAILS** Full time a) Will you be studying full time or part time? Part time b) In which Session do you wish to commence the transfer? S1, 20\_\_\_\_ S2, 20 \_\_\_\_ THESIS TITLE Please provide the name of thesis tile, if different from your current thesis title TRANSFERRING TO ANOTHER PROGRAM If applying to transfer from a Master to a PhD degree, procedures outlined in the transfer policy must be followed. The Higher Degree Research Committee must be satisfied that the candidate is working at the pace and a level which will enable the candidate to satisfy the examination of the work within the required maximum candidature period. Supervisors are required to provide information as outlined in the transfer policy and attach it to this application https://staff.mq.edu.au/work/strategy-planning-and-governance/university-policies-and-procedures/policies/higher-degreeresearch-degree-transfer TRANSFER APPLICANT (HDR CANDIDATE) Signature Date **AUTHORISATIONS CURRENT** Principal Supervisor / Acting Principal Supervisor Name (please print) Signature Date **CURRENT** Head of Department Name (please print) Signature Date **CURRENT** Associate Dean (HDR) Name (please print) Signature Date **NEW** Principal Supervisor / Acting Principal Supervisor Name (please print) Signature Date **NEW** Head of Department Name (please print) Signature Date **NEW** Associate Dean (HDR) Name (please print) Signature Date SESSION / YEAR **CONSUMED EFTSL** FT/PT RTP/INTL **OHDRTP USE ONLY Director, Graduate Research Academy** Approved Not approved Signature & date Comments: