

TRANSFER APPLICATION

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 Enrolment Period.

Transfer Policy: http://www.hdr.mq.edu.au/information_for/current_candidates/rules_and_policies

Closing Dates: 7 February for Enrolment Period 1 (Jan-Jun)
7 August for Enrolment Period 2 (Jul-Dec)

Student Number														
Family Name						Other Names								
Email address						Telephone								
Are you an international student? No <input type="checkbox"/> Yes <input type="checkbox"/>														
Are you a paid scholarship holder? No <input type="checkbox"/> Yes <input type="checkbox"/> ➔ Name your scholarship _____														

TRANSFER DETAILS

<input type="checkbox"/>	Applying to transfer to another area of study in the same Department (e.g. From Cultural Studies [Discipline] to Media [Discipline] within the Department of Media, Music, Communication and Cultural Studies) From Discipline: _____ To Discipline: _____
<input type="checkbox"/>	Applying to transfer to another Department and remaining in the same Faculty (e.g. From Department of Mathematics to Department of Statistics within the Faculty of Science) From Department : _____ To Department: _____ Discipline: _____
<input type="checkbox"/>	Applying to transfer to another Faculty (e.g. From Faculty of Arts [in Department of Sociology] to Faculty of Business & Economics [in Department of Economics]) From Department and Faculty: _____ To Department and Faculty: _____ Discipline: _____
<input type="checkbox"/>	Applying to transfer to another program (including upgrade / downgrade) (e.g. From MPhil in Ancient History to PhD in Ancient History) From: _____ To: _____

Please provide the names of all of your current supervisors (please PRINT Title~First Name~Last Name) <i>*please cross out whichever not applicable.</i>	
_____	_____
Principal Supervisor / Acting Principal Supervisor	Associate Supervisor / Acting Associate Supervisor
_____	_____
Adjunct HDR Supervisor	Other title (please print):

NEW SUPERVISORY ARRANGEMENTS

Please provide the names of all of your new supervisors (please PRINT) <i>*please cross out whichever not applicable.</i>	
_____	_____
Principal Supervisor / Acting Principal Supervisor	Associate Supervisor / Acting Associate Supervisor
_____	_____
Adjunct HDR Supervisor	Other title (please print):

CANDIDATURE DETAILS

a) Will you be studying full time or part time? Full time Part time

b) In which Enrolment Period (EP) do you wish to commence the transfer?
 EP 1, 20____ EP 2, 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
http://www.hdr.mq.edu.au/information_for/current_candidates/rules_and_policies

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

HDRO USE ONLY	EP / YEAR	CONSUMED EFTSL	FT/PT	RTP/INTL
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Director, HDRO

Approved Not approved _____
Signature & date

Comments: _____