

## FACULTY POSTGRADUATE RESEARCH COMMITTEES

# APPLICATION FOR PROGRESSION TO THE RESEARCH COMPONENT OF A PROFESSIONAL DOCTORATE

This form must be completed to apply for admission into the commencement of the research phase of a Professional Doctorate.

**SECTION A – TO BE COMPLETED BY THE CANDIDATE****1. PERSONAL DETAILS**

STUDENT ID NUMBER: ..... Title .....

Family Name ..... Given name(s) .....

**2. SCHOOL OF SUPERVISION**

Please indicate the School/Centre/Institute in which you wish to enrol to complete your research

..... Campus .....

**3. MODE OF STUDY**

Preferred Mode of Study	Part-time	<input type="checkbox"/>
	Full-time	<input type="checkbox"/>

Number of hours per week available for studies .....

Please Note: Standard duration is calculated to commence from the date of enrolment in the coursework subjects

**4. RESEARCH PROGRAM****A. PROVISIONAL TITLE OF THESIS**

.....  
.....

**B. PLEASE ATTACH A 1 – 2 PAGE OUTLINE OF YOUR PROPOSED AREA OF RESEARCH****C. RESEARCH TRAINING SCHEME PLACE (RTS) (DOMESTIC STUDENTS ONLY)**

If you would like to apply for an RTS place, please tick the box and include transcripts and a CV with your application: ☐

**SECTION B – TO BE COMPLETED BY THE COURSE CO-ORDINATOR OF PROFESSIONAL DOCTORATE – RESEARCH PHASE**

The Co-ordinator is to confirm the student is eligible to proceed to the research phase of the Professional Doctorate course by ticking the boxes below:

- ☐ - The applicant has received an average grade of 70 in the coursework component of the degree
- ☐ - Coursework phase completed on ...../...../.....
- ☐ - The applicant is approved for enrolment in the research phase of the professional doctorate
- ☐ - semester/year to commence research phase (Semester and year to be listed below)

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## SECTION C - TO BE COMPLETED BY THE SUPERVISOR

### 5. SUPERVISION

Provisional supervisors are nominated at enrolment. Please note that the Principal Supervisor must be registered with the University.

5.1 Nominated Principal Supervisor .....Title.....

School/Centre/Institute .....Phone.....

A) Are you a registered supervisor of Victoria University? Yes ☐  
No ☐

B) Number of research students (EFTSU) currently being supervised? .....

C) Is the applicant aligned to a University Area of Research Strength?  
(For a list of the Areas of Research Strength, please view <http://www.vu.edu.au/research/research-strengths>)  
Yes ☐  
No ☐

D) If yes, please list the area/s and a short statement declaring how this research project is aligned with a University Area of Research Strength  
.....  
.....  
.....  
.....  
.....

..... / .....  
Signature of Principal Supervisor Date

5.2 Nominated Associate Supervisor .....Title.....

School/Centre/Institute .....Phone.....

..... / .....  
Signature of Associate Supervisor Date

## 6. DECLARATIONS

### 6.1 APPLICANT

I hereby declare that this application and the above information is correct and complete and I understand that if it is found to be incorrect or incomplete the University has the right to withdraw any offer made. I have also read and I understand the regulations for research degrees.

I have had discussions with the appropriate staff of the School/Centre/Institute and I am satisfied:

- that my research interests are compatible with those of the School/Centre/Institute;
- that the School/Centre/Institute has (or will make the necessary arrangements for) the required facilities and equipment for me to undertake program;
- with the appointment of the nominated supervisors.

Do you require any special support for your research degree? If so, please indicate:

.....  
.....

...../...../.....  
Name Signature of Applicant Date

### 6.3 HEAD OF SCHOOL/CENTRE/INSTITUTE

Where the Principal Supervisor is also the Head of School/Centre/Institute then the Associate Dean (R&RT) or their nominee is required to sign below

- I am satisfied that the applicant has satisfactorily completed the coursework phase of a Professional Doctorate.
- I approve the proposed research program.
- I confirm that suitable facilities and adequate supervision are available for the full period of candidature.
- I am satisfied that the applicant will be able to work regularly on his/her research and to maintain adequate contact with the supervisors.
- I confirm that the Codes shown are correct.

...../...../.....  
Name Signature of Head or Delegate Date

The applicant must lodge the original of this form with the Faculty Student Advice Officer

### 6.4 ADHERENCE TO UNIVERSITY ENROLMENT POLICY (OFFICE USE ONLY)

- I am satisfied that the applicant meets the criteria for the University's Higher Degree by Research Policy.
- I confirm that an appropriate Research Training Scheme, full-fee paying or fee waiver place has been allocated to this applicant.

...../...../.....  
Name Signature of Associate Dean (R&RT) Date

...../...../.....  
Name Director of Postgraduate Research Date

A copy of this final signed form is to be lodged with the Office for Postgraduate Research and the original will be kept by the Faculty Student Advice Officer.