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| **Course Transfer from Masters by Research to PhD 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 |
| You will need to provide evidence of your capacity for research at the higher level. The following documentation is required so that the Faculty and the Dean, GRS can assess your suitability for an upgrade. |
| **Please attach the following supporting documentation** |
| 1. A proposal which addresses how the project will be broadened to doctoral level
 |  | attached |
| 1. Evidence of research progress *(eg. a thesis chapter)*
 |  | attached |
| 1. Completion of stage 1 assessment *(if applicable)*
 |  | attached |
| 1. Most recent Review of Progress report
 |  | attached |
| 1. Revised timeline
 |  | attached |
| 1. Completion of subject in research methodology appropriate to discipline, where relevant
 |  | attached |
| 1. Supporting statement from principal 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*
2. Statement of support from the faculty RAO.
 |  | attached |
|  | attached |
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| *I understand and declare that my request for an upgrade 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** |

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| **Complete the following information, if no change is required please put “no change” in those boxes.** |
| Stage 1 Masters Assessment to count as stage 1 Doctoral Assessment |  | Yes |  | No |
| If **no**, stage 1 Doctoral 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 |  |

**Faculty approvals**

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| *I support/do not support the student’s request for a transfer from Masters by Research to PhD.* |
|  | Support |  | Do not support |
|  |
| **Principal** **Supervisor** |  |  |  |
|  | **Name** | **Signature** | **Date** |
|  |
| *I support/do not support the student’s request for a transfer from Masters by Research to PhD.* |
|  | Support |  | Do not support |
| **New Principal** **Supervisor (if applicable)** |  |  |  |
|  | **Name** | **Signature** | **Date** |
|  |
| *I endorse/do not endorse the student’s request for a transfer from Masters by Research to PhD.* |
|  | Endorse |  | Do not endorse |
| **Responsible Academic Officer** |  |  |  |
|  | **Name** | **Signature** | **Date** |

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| **3. Graduate Research School section**  |

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| **Dean, Graduate Research School***I approve/do not approve the request for a transfer from Masters by Research to PhD.* |
|  | approve |  | not approve |
|  |  |  |
| **Name** | **Signature** | **Date** |
| Comments |
|  |
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