Higher Degrees by Research and Postgraduate Research Scholarship



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

1. Personal information an	d contact details						
Title: Family name:		Given name/s:					
JSC Student ID number (if known):		Preferred name:					
Gender:	2		Date of birth:	DD	MM	YYYY	
Citizenship: → Attach certified copy of birth certificate, citizenship certificate or passpo				ate or passport			
☐ Australian Aboriginal and/or Torres Strait Islander → Attach certified copy of Certificate of Aboriginality and birth certificate or passport			d birth				
☐ Australian Permanent Resident → Attach certified evidence							
Mailing address							
Street:		City / Sub	ourb:				
Postcode: State: Country:							
Permanent address (if different	from mailing address)						
Street:		City / Sub	ourb:				
Postcode:	State:	Country:					
Telephone number:		Email:					
2. Which Higher Degree by	Research program do you wan	t to enrol i	n?				
Doctor of:		Master of:					
3. In which School do you	expect to be enrolled?						
Faculty of Arts and Business		Faculty of	Science, Health, E	Educati	on and	Engineering	
Faculty of Arts and Business Faculty of Science, Health, Education and Engineering School of: School of:							
Have you spoken to a potential su Proposed supervisor/s:	ipervisor about your proposed resear	ch? 🗌 Yes	□ No				
4. Please indicate your pref	erred mode of study						
☐ As a full-time candidate☐ As an on-campus candidate	☐ As a part-time candidate☐ As an off-campus candidate	e (I will not re	equire workspace	on can	npus)		
Proposed Commencement Date	(must be at least 2 months from date	of application	on)				

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5. 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:	lame of Program:
Student ID number (if known):	
Details of candidature:	
C Are you applying for an aurently receiving a Dectared	wata Dasaayah Sahalayshin?
6. Are you applying for, or currently receiving a Postgrad	uate Research Scholarship?
☐ I am applying for a Postgraduate Research Scholarship to support	ort my study at USC:
Name of Postgraduate Research Scholarship:	
Closing date:	
I still wish to be considered for admission if I am unsuccessful in m	y postgraduate research scholarship application: Yes No
☐ I am currently receiving, or have previously received a postgrad	uate scholarship:
Name of the award:	
What is the duration of the award?	
7. Required information	
Were you born in Australia? ☐ Yes ☐ No	
→ If no, what is your country of birth?	
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: ☐ 0	ther:
	oisability Services Officer to assist you in accessing support services as ou have a disability, impairment or long-term medical condition or carer's
☐ Hearing ☐ Medical ☐ Mobility ☐ Vision ☐ Carer:	hours per week
☐ Other (please specify):	nours per meek
— Other (prease speeny).	
8. How do you meet the University's English proficiency	requirements to undertake a research higher degree?
☐ English is my first language	
	pleted within the past two years, which indicates that I meet the required
English Language proficiency.	and part the feature, the feature and required
☐ Other (please specify):	

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9. 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/privacyplan

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.

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.

(International applicants only) → 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.

(International applicants only) → 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.aei.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.

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.					
Title and name:					
Signature:	Date:				

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Appendix A – Academic background				
■ Undergraduate qualifications				
Name of qualification:				
Awarding institution:				
Academic discipline of the qualification:				
Year graduated/expected completion:	Percentage:			
Name of qualification:				
Awarding institution:				
Academic discipline of the qualification:				
Year graduated/expected completion:	Percentage:			
Name of qualification:				
Awarding institution:				
Academic discipline of the qualification:				
Year graduated/expected completion: Percentage:				
■ Postgraduate qualifications				
Name of qualification:				
Awarding institution:				
Academic discipline of the qualification:				
Year graduated/ expected completion:	Percentage:			
Name of qualification:				
Awarding institution:				
Academic discipline of the qualification:				
Year graduated/ expected completion: Percentage:				
Name of qualification:				
Name of qualification:				
Awarding institution:				
Academic discipline of the qualification:				
Year graduated/ expected completion:	Percentage:			

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Appendix B: Research alignment
■ Areas of research
Field of education code (6 digit code):
Field of education description:
Research Centre, Group or Cluster (if applicable)
■ Research outline
Proposed title: (up to 20 words)
Summary of proposed research: (up to 400 words)
The relevant research literature: (up to 600 words)
The methodologies and methods to be used in the research: (up to 500 words)
Equipment and resources required:
Equipment and resources required.

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Appendix C: Research publications

Publication details: title, publication name, author(s)	Date accepted	Your % contribution
	DD / MM / YYYY	
	DD / MM / YYYY	
	DD / MM / YYYY	
	DD / MM / YYYY	
	DD / MM / YYYY	
	DD / MM / YYYY	
	DD / MM / YYYY	
	DD / MM / YYYY	
	DD / MM / YYYY	
	DD / MM / YYYY	
	DD / MM / YYYY	
	DD / MM / YYYY	

NOTE: Applicants must provide supporting documentation for all publications. See advice under Instructions for Higher Degree by Research Applicants for information on which publications can be accepted and when to provide a statement of contribution. If sufficient evidence of a publication is not provided, the publication will not be considered.

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Appendix D: Relevant Research Experience
Relevant research experience*
Research experience relevant to your proposed research project:
Research outputs (publications, reports, exhibitions etc.)
Names of Research Supervisor/ Colleague providing Research Experience Verification Form (scholarship applicants only)
Supervisor / colleague 1:
Supervisor/ colleague 2:

^{*} Please note that if the Committee is not fully satisfied that an applicant's research experience is sufficient for admission to a higher degree by research it MAY admit the applicant conditional upon successful completion of appropriate research training modules undertaken in the first stage of candidature.