# Postgraduate Research Scholarships Research Experience Verification Report



Last updated 19 February 2015

#### Section 1: Applicant's Details

Applicants, please complete this section before sending it to the supervisor of your research project. <u>One form will be</u> <u>required for each research project undertaken</u>. Kindly request your research supervisor to return the completed form to the Postgraduate Research Scholarships Officer (listed below) by the published application closing date. Please note this report will not be accepted directly from applicants.

Title: Surname: Given Names:

(Proposed) Faculty of Enrolment:

(Proposed) Program:

Name of Postgraduate Research Scholarship(s) for which you are applying :

**Privacy Notice** 

The University of the Sunshine Coast is collecting the information on this form to carry out its functions under the *University of the Sunshine Coast Act 1998.* The University may disclose some, or all of this information, to appropriate agencies if required including to the Commonwealth Department of Education, Science and Training, the Australian Taxation Office, etc. For more information, the University's Privacy Policy is available at <a href="http://www.usc.edu.au/University/AbouttheUniversity/Governance/Policies/InformationPrivacy.htm">http://www.usc.edu.au/University/AbouttheUniversity/Governance/Policies/InformationPrivacy.htm</a>

### Section 2: Instructions for Research Supervisor

- The purpose of this report is to verify the research experience of the applicant
- The University seeks this report from you in confidence.
- Please type or clearly print your report. Please return your report and/or any attachments directly to the Postgraduate Research Scholarships Officer (listed below). Preference is for electronic documents via Email.
- If you have any questions or require further information please contact the Postgraduate Research Scholarships Officer (listed below).

Postgraduate Research Scholarships Officer Office of Research University of the Sunshine Coast Locked Bag 4 MAROOCHYDORE DC QLD 4558	Tel: +61 7 5459 4811 Fax: +61 7 5459 4727 Email: <u>researchscholarships@usc.edu.au</u>				
Name: Title/Position: Address:					
	Post/Zip Code:				
Highest qualification:					
Phone No:					

Email:

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Section 3: Applicant's Research Experience										
1.	In what capacity have you known the applicant? (e.g. supervisor, colleague):									
	Supervisor	Colleague	Other (deta	ails)						
2	Describe the resea	arch proiect th	nat the applic	ant was	working	a on with	ר vou (u	up to 10	00 words).	
							<b>)</b> (-		,	
3.	How long did the a	applicant work	k with you on	the rese	earch pr	oject?				
	Duration									
	Duration:	years r	nonths							
4.	Did the applicant f $(1 = 100\% \text{ guided})$			epender	nt resea	rcher?				
	1 2	3 4	5							
5.	Indicate the applic	ant's level of	contribution t	to the co	ncentio	n and d	esian of	f the re	search	
0.	Indicate the applicant's level of contribution to the conception and design of the research $(0 = 0\% \text{ contribution}, 5 = 100\% \text{ contribution})$									
	0 1 2	3 4	5							
6	Indicate the applic	ant's level of	contribution t	o the re	search	analveie	2			
0.	(0 = 0%  contribution)				Scaron	anarysis				
	0 1 2	2 3	4 5							
7	Pasad on the gual	lity of complet	ad work who	at is the	opplice	ot'o rooc	orob ot	ondord	Lin the following group?	
7.	(0 = 0%  knowledg)	e, 5 = 100%	knowledge)		applical	it s rese	archist	anuaru	In the following areas?	
	Knowledge of dis	scipline:		0	1	2	3	4	5	
	Command of res		lues:	0	1	2	3	4	5	
	Initiative and mo	tivation:		0	1	2	3	4	5	
6.	Indicate the applic ( $0 = 0\%$ contributio 0  1  2 Based on the qual ( $0 = 0\%$ knowledge Knowledge of dis Command of res	cant's level of on, $5 = 100\%$ 2 3 lity of complet le, $5 = 100\%$ scipline: search technic	contribution t contribution) 4 5 ed work, what knowledge)	at is the 0 0	applicar 1 1	nt's rese 2 2	earch st 3 3	4 4	5	

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University of the Sunshine Coast