

THESIS SUPERVISOR CONFIRMATION FORM

REASON FOR FORM SUBMISSION			Note: When applying eligi	Note: When applying for admission, this form AND your application determine your eligibility. Submission of this form does NOT guarantee admission		
APPLICANT/STUDENT DETAILS						
Name			Student ID/ Application no.	u		
Enrolment	If part time, attach your intended enrolment plan to this form.					
Commence supervision			Thesis submission			
Proposed thesis topic (max 50 words)						
PROPOSED SUPERVISION ARRANGEMENT (requires School/Centre AND AD/E approval)						
Proposed supervisor	Name ANU email					
School/Centre						
APPLICANT/STUDENT DECLARATION AND SIGNATURE						
DECLARATION	I confirm the provided details are correct and understand supervision of my thesis is available for only the period indicated and that if I do not comply with this I may: be forcibly transferred into the non- Advanced version of my Master Advanced degree; or be required to withdraw from Honours.					
	Student's Signature			Date		
Supervisor endorsement I confirm I have discussed this student's Research Project with them and I am availa supervise this student for the period indicated. [Note: the Coursework Award Rules state that or incapacity of, a supervisor of greater than four weeks requires an appropriately qualified person to be for appointed to supervise the student during the absence.]					state that an absence by.	
	Supervisor's Signature Date					
	PLEASE SUBMIT TO CASS STUDENT OFFICE FOR ENDORSEMENT					
SCHOOL/CENTRE ENDORSEMENT						
Program Convener	I endorse the above named supervisor and confirm they possess the appropriate skills and knowledge to supervise this student.					
Name		Signature			Date	
Head/Director School/Centre [of Supervisor]	I endorse the above named supervisor and confirm their availability to supervise this student for the period indicated. [Note: the Coursework Award Rules state that an absence by, or incapacity of, a supervisor of greater than four weeks requires an appropriately qualified person to be formally appointed to supervise the student during the absence.]					
Name		Signature			Date	
DELEGATE APPROVAL CASS STUDENT OFFICE USE ONLY						
Def / Leave / Transfer / P/T						
DA Memo prepared GENERAL LEDGER CODE (NON-CASS						
SUPERVISOR)						