



THESIS SUPERVISOR CONFIRMATION FORM

REASON FOR FORM SUBMISSION
<p style="font-size: small; margin: 0;">Note: When applying for admission, this form AND your application determine your eligibility. Submission of this form does NOT guarantee admission</p>

APPLICANT/STUDENT DETAILS			
Name		Student ID/ Application no.	
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	<p>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.</p> <p style="text-align: center;">Student's Signature Date</p>
Supervisor endorsement	<p>I confirm I have discussed this student's Research Project with them and I am available 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.]</p> <p style="text-align: center;">Supervisor's Signature Date</p>

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]	<p>I endorse the above named supervisor and confirm their availability to supervise this student for the period indicated.</p> <p style="font-size: small;">[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.]</p>		
Name	Signature	Date	

DELEGATE APPROVAL	CASS STUDENT OFFICE USE ONLY
Def / Leave / Transfer / P/T	
DA Memo prepared	GENERAL LEDGER CODE (NON-CASS SUPERVISOR) _____