



**Australian
National
University**

Enrolments – Student Administration Services
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Web: www.anu.edu.au/enrolments

Research Candidature Details

Supervisory Panel:

The *Research Awards Rules* stipulate that at least three persons must be appointed to the supervisory panel. At least one must be a supervisor who is a full or part-time member of the academic staff of the ANU, and expected to hold appointment for the duration of the program. If more than one member of the panel is nominated as supervisor, please indicate who is the panel chair and who is primary supervisor (refer to *Research Awards Rules 2.19*).

Title:						
First Name:						
Surname:						
Date of Birth:						
Uni ID*:						
Status (✓ Tick):	Supervisor	<input type="checkbox"/>	Advisor	<input type="checkbox"/>	Chair	<input type="checkbox"/>
ANU Appointment ^:						
ANU Location OR Postal Address ^^:						
	Suburb:		State:			
	Postcode:		Country (if outside Australia):			

Title:						
First Name:						
Surname:						
Date of Birth:						
Uni ID*:						
Status (✓ Tick):	Supervisor	<input type="checkbox"/>	Advisor	<input type="checkbox"/>	Chair	<input type="checkbox"/>
ANU Appointment ^:						
ANU Location OR Postal Address ^^:						
	Suburb:		State:			
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Title:						
First Name:						
Surname:						
Date of Birth:						
Uni ID*:						
Status (✓ Tick):	Supervisor	<input type="checkbox"/>	Advisor	<input type="checkbox"/>	Chair	<input type="checkbox"/>
ANU Appointment ^:						
ANU Location OR Postal Address ^^:						
	Suburb:		State:			
	Postcode:		Country (if outside Australia):			

* Please use the University ID, as correct data entry depends on accurate information.

^ Please indicate (a) if person is a tenured University employee OR (b) year of expiry of appointment OR (c) (if external) whether the person has been formally appointed to academic status (full, clinical or adjunct) as per http://policies.anu.edu.au/policies/academic_status_full_clinical_adjunct/policy.

^^ Full postal addresses must be provided for panel members located outside the University.

CHAIR OF SUPERVISORY PANEL

(✓ Tick one) Recommended Not Recommended

Name (print):

Signature:

Date:

HEAD OF DEPARTMENT

(✓ Tick one) Recommended Not Recommended

Name (print):

Signature:

Date:

DELEGATED AUTHORITY

(✓ Tick one) Approved Not Approved

Name (print):

Signature:

Date:

DEAN OF COLLEGE (IF APPLICABLE)

I approve the composition and appointment of the supervisory panel

Name (print):

Signature:

Date: