



THE UNIVERSITY OF
MELBOURNE

Faculty of Veterinary Science

Application for Candidature for Master of Veterinary Science

A: PERSONAL DETAILS

Title:	<input type="text"/>	Family Name:	<input type="text"/>
Given Name:	<input type="text"/>	Date Of Birth:	<input type="text"/>
Address:	<input type="text"/>		
<input type="text"/>	Post Code:	<input type="text"/>	

(Please inform the Faculty Office if your address changes)

Telephone:	Day:	<input type="text"/>	After Hours:	<input type="text"/>
	Fax No:	<input type="text"/>	E-Mail:	<input type="text"/>

Have you previously been an enrolled student at this University? YES/NO

If yes, please give student enrolment number:

Country Of Citizenship?

Visa Status:

(If not "Australian", please supply a certified copy of your visa).

Degrees Or Diplomas: (Please include title of any thesis submitted for any qualification. Also give dates and institutions and attach original transcripts).

Postgraduate experience:

Publications:

B: DETAILS OF CANDIDATURE

Proposed date Of commencement of course:

Attendance type:

Full-time

Part-time

Project Title:

EMPLOYMENT:

Please outline below all employment commitments which you expect to have during your candidature: A full-time candidate may undertake part-time employment, the University of Melbourne does not stipulate the maximum hours to be worked but recommends (as a guide) no more than nine hours per week during normal working hours would be desirable. Work undertaken must not interfere with the award holders' study program.

<i>Name of employer</i>	<i>Address at which you will be employed</i>	<i>Position</i>	<i>Hours of employment each week</i>	<i>Brief outline of duties</i>

PART-TIME APPLICANTS

Name of employer:

Address:

Position Held:

Brief outline of duties:

Please attach statement from employer in confirmation of hours committed to employment.

FULL-TIME APPLICANTS

How will you support yourself financially during your candidature?

C: TO BE COMPLETED BY SUPERVISOR IN CONSULTATION WITH APPLICANT

PROPOSED SUPERVISOR(S):

Note: At least one supervisor must be a full-time member of the academic staff of the Faculty.

Supervisor (1):

Title: **Name:**

Number of students currently being supervised by course:

Supervisor (2):

Title: **Name:**

Number of students currently being supervised by course:

Supervisor (3):

Title: **Name:**

Number of students currently being supervised by course:

If a proposed supervisor is not a member of the academic staff of the Faculty, please give reasons for the nomination.

If a supervisor is expected to be absent for more than two months, please give details of alternative arrangements.

OUTLINE OF PROJECT

Please Attach Separate Sheet.

Additional courses prescribed if any.

ANIMAL EXPERIMENTATION

Are animals being used for experimental purposes in this study? YES/NO

AEEC approval given? YES/NO

AEEC number:

AEEC approval being sought? YES/NO

D: DECLARATION

I subject this application on the understanding that the University may obtain official records with respect to me from any other University or institution currently or previously attended by me.

I understand that the University of Melbourne may disclose the personal information I have given in this application form to the Department of Education, Science and Training (DEST) and that DEST will collect and store my personal information in the Higher Education Information Management System.

I declare to the best of my knowledge the information supplied herein is correct and complete. I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my application may result in the withdrawal by the University of any place which may be offered and that this withdrawal may take place at any stage during the course I undertake.

Signature: _____ Date: _____

Supervisor 1: _____ Date: _____

Supervisor 2: _____ Date: _____

Supervisor 3: _____ Date: _____

E: TO BE COMPLETED BY HEAD OF DEPARTMENT

Are the proposed supervision arrangements in accord with University guidelines? YES/NO

Are all appropriate facilities (including source material) available within the University for the conduct of this candidature? YES/NO

If all appropriate facilities (including required source material) are not available within the university, where are they available and what arrangements have been made for accessing them?

Is the applicant able to pursue assiduously the proposed research? YES/NO

Is the proposed research appropriate having regard to the standard of work required for the degree? YES/NO

If the Applicant has already spent time on the proposed research project (ie defining the scope of the research and investigating source materials) please give an actual commencement date. *Note that candidature may not normally be backdated for more than two months from the date of receipt of application in the Faculty office.*

Recommended Commencement Date:

Signature: _____ Date: _____
Head of Department

OFFICE USE

Candidature Approved

Signature: _____ Date: _____
Chairman VR &GSC

Signature: _____ Date: _____
Dean on behalf of Faculty