

Supervisor Leave Arrangements



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The following regulation has been extracted from Rule 10: Degree of Doctor by Research and Rule 11: Degree of Master by Research.

Section 8. THESIS COMMITTEE AND SUPERVISORS FOR CONFIRMED CANDIDATURE

(h) In the event that an appointed Supervisor, or Co-Supervisor is unable to supervise the candidate for a period exceeding three months, the Head of Enrolling Area shall, following consultation with the candidate, nominate a replacement Supervisor or Co-Supervisor for the relevant period for approval by the Faculty Graduate Studies Committee.

Part 1 Supervisor to Complete

Staff Number _____ Title Dr A/Professor Professor Other _____

Surname/Family Name _____ Given Names _____

Enrolling Area _____ Faculty _____

Please indicate below the nature of the leave:

(i) Academic Study Leave (ii) Long Service Leave (iii) Extended Sick Leave

(iv) Other _____

Period of leave: From _____ to _____

Please consult with your Head of Enrolling Area (or appropriate alternate) regarding completion of the following Part/s for each student you are currently supervising. If you are supervising more than 5 students please provide their details using Attachment 1.

Student 1 Student Number _____

Surname/Family Name _____ Given Names _____

Title of Course _____ Course Code _____

Full name and title of Replacement Supervisor _____

Is this person on the Register of Supervisors? (<http://research.curtin.edu.au/forms/policies.cfm#register>) Yes No

If yes, what level of Registration (Level 1 or Level 2)? _____

Facsimile _____ Phone _____ Email _____
Include area codes *Include area codes*

Reason for selection _____

Student 2 Student Number _____

Surname/Family Name _____ Given Names _____

Title of Course _____ Course Code _____

Full name and title of Replacement Supervisor _____

Is this person on the Register of Supervisors? (<http://research.curtin.edu.au/forms/policies.cfm#register>) Yes No

If yes, what level of Registration (Level 1 or Level 2)? _____

Facsimile _____ Phone _____ Email _____
Include area codes *Include area codes*

Reason for selection _____

Student 3 Student Number _____

Surname/Family Name _____ Given Names _____

Title of Course _____ Course Code _____

Full name and title of Replacement Supervisor _____

Is this person on the Register of Supervisors? (<http://research.curtin.edu.au/forms/policies.cfm#register>) Yes No

If yes, what level of Registration (Level 1 or Level 2)? _____

Facsimile _____ Phone _____ Email _____
Include area codes *Include area codes*

Reason for selection _____

Student 4

Student Number _____

Surname/Family Name _____ Given Names _____

Title of Course _____ Course Code _____

Full name and title of Replacement Supervisor _____

Is this person on the Register of Supervisors? (<http://research.curtin.edu.au/forms/policies.cfm#register>) Yes No

If yes, what level of Registration (Level 1 or Level 2)? _____

Facsimile _____ Phone _____ Email _____
Include area codes *Include area codes*

Reason for selection _____

Student 5

Student Number _____

Surname/Family Name _____ Given Names _____

Title of Course _____ Course Code _____

Full name and title of Replacement Supervisor _____

Is this person on the Register of Supervisors? (<http://research.curtin.edu.au/forms/policies.cfm#register>) Yes No

If yes, what level of Registration (Level 1 or Level 2)? _____

Facsimile _____ Phone _____ Email _____
Include area codes *Include area codes*

Reason for selection _____

Confirmation and Signature

1. All student details are correct, including provision of details using Attachment 1 as appropriate;
2. all replacement supervisor details are correct;
3. all supervisors have been nominated in accordance with Rule 10: Degree of Doctor by Research and Rule 11: Degree of Master by Research (see Sections 8 (c) and (e));
4. all students have agreed to the supervisory arrangements outlined above; and
5. all replacement supervisors have agreed to supervise the student/s.

Signature of Supervisor _____ **Date** _____

Signature of Head of Enrolling Area _____ **Date** _____
Or appropriate alternate

Please forward completed form to the appropriate Faculty Graduate Studies Committee.

Part 2 Faculty Graduate Studies Committee Representative to Complete

FGSC decision: Approved Not approved Date _____

Comments _____

Please insert FGSC stamp and document number, or for executive approval, the date on which the decision will be ratified.

(i) FGSC Document No. _____

FGSC stamp:

OR (if by Executive Decision)

(ii) Date at which Executive Decision will be ratified _____

Student 6

Student Number _____

Surname/Family Name _____

Given Names _____

Title of Course _____

Course Code _____

Full name and title of Replacement Supervisor _____

Is this person on the Register of Supervisors? (<http://research.curtin.edu.au/forms/policies.cfm#register>) Yes No

If yes, what level of Registration (Level 1 or Level 2)? _____

Facsimile _____ Phone _____ Email _____
Include area codes *Include area codes*Reason for selection _____
_____**Student 7**

Student Number _____

Surname/Family Name _____

Given Names _____

Title of Course _____

Course Code _____

Full name and title of Replacement Supervisor _____

Is this person on the Register of Supervisors? (<http://research.curtin.edu.au/forms/policies.cfm#register>) Yes No

If yes, what level of Registration (Level 1 or Level 2)? _____

Facsimile _____ Phone _____ Email _____
Include area codes *Include area codes*Reason for selection _____
_____**Student 8**

Student Number _____

Surname/Family Name _____

Given Names _____

Title of Course _____

Course Code _____

Full name and title of Replacement Supervisor _____

Is this person on the Register of Supervisors? (<http://research.curtin.edu.au/forms/policies.cfm#register>) Yes No

If yes, what level of Registration (Level 1 or Level 2)? _____

Facsimile _____ Phone _____ Email _____
Include area codes *Include area codes*Reason for selection _____
_____**Student 9**

Student Number _____

Surname/Family Name _____

Given Names _____

Title of Course _____

Course Code _____

Full name and title of Replacement Supervisor _____

Is this person on the Register of Supervisors? (<http://research.curtin.edu.au/forms/policies.cfm#register>) Yes No

If yes, what level of Registration (Level 1 or Level 2)? _____

Facsimile _____ Phone _____ Email _____
Include area codes *Include area codes*Reason for selection _____
_____**Student 10**

Student Number _____

Surname/Family Name _____

Given Names _____

Title of Course _____

Course Code _____

Full name and title of Replacement Supervisor _____

Facsimile _____ Phone _____ Email _____
Include area codes *Include area codes*Reason for selection _____
