

SCHOOL OF PHYSIOTHERAPY

Faculty of Medicine Dentistry and Health Sciences



AUSTRALIAN STUDENT APPLICATION FOR MASTER'S DEGREE BY RESEARCH

Program applied for:

Master of Physiotherapy (Research) Master of Sports Medicine (Research) Master of Science (Research)

Before submitting your application please:

- Read information about your chosen Master's by Research program on the School of Physiotherapy website at <http://www.physioth.unimelb.edu.au/postgrad.html>
- Consult with the Research Student Coordinator and relevant academic staff about your proposed research topic, availability of supervisors and resources required.
- Applications for research higher degrees may be submitted at any time. If you are also applying for a scholarship, please note submission dates on the University's Scholarships website at <http://www.services.unimelb.edu.au/scholarships/pgrad/index.html>
- Check that you have:
 Completed this application form Arranged for two referee reports Enclosed **ALL** required documentation and address your application to:

Postgraduate Officer, School of Physiotherapy, The University of Melbourne, Victoria 3010.

1. Personal Particulars

Title _____ Surname _____ Male Female

Other names _____ Preferred name _____

Previous surname (please provide documentation) _____

Student No. (if previously enrolled at the University of Melbourne) _____

Postal address _____

Post Code _____

Telephone Home _____ Business _____

Mobile _____

Email address _____

Date of Birth _____

*Citizenship _____ *If not Australia, state visa status _____

*Please provide **certified** copies of your citizenship documents with this application.

2. Academic Qualifications

- Please list all your academic qualifications (degree, diploma, etc.) and provide **ORIGINAL TRANSCRIPTS**, or certified copies, of the qualifications listed. Transcripts must list all subjects taken and grades or marks obtained.
- If the name on your transcripts or qualifications is different from your current name, please provide the original or a certified copy of documentation for proof of name change.

Qualification	Institution	Date completed

3. Program details

Proposed commencement date: _____ Expected completion date: _____

Preferred enrolment status: Full-time Part-time

4. Employment History for the last five years (use additional pages if required)

Employer	Position held	Dates & % full-time

5. Intended Employment during Candidature

Employer/s: _____

Position: _____ Hours per week: _____

6. Previous Research Experience / Publications

7. Proposed area/topic of research

8. Proposed Supervisors

Please indicate potential supervisors with whom you have discussed your proposed area of research:

9. Declaration

- I declare that the information provided by me is true and complete in every particular.
- I acknowledge that the University of Melbourne reserves the right to reverse or vary any decision regarding admission made on the basis of incomplete or false information.
- I understand that I may be required to supply originals of all documents used to support this application.
- I understand that I may be required to supply evidence that I meet the University's English language proficiency requirements.
- I declare that I will be able to abide by the University's policy on admission, fees payment and fee refunds.
- I agree that whilst I am enrolled as a student to be bound by the statutes and standing resolutions of the University in force from time to time (including those relating to the ownership and control of any intellectual property in any work, invention or other information or thing made, discovered or created by me in the course of my studies), and to be subject to the lawful instructions of officers of the University.
- I understand that the University of Melbourne reserves the right to inform other tertiary institutions if any of the material presented with this application is found to be false.
- I understand that the personal information that I have provided may be released to Australian Commonwealth and State agencies under the ESOS Act 2000.
- 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.

The University's privacy statement can be viewed at <http://www.unimelb.edu.au/unisec/privacy/studentinfo.html>

Signature of applicant _____ Date _____

Recommendation: Postgraduate Studies Selection Committee _____
Head of School _____