



Research and Graduate Studies Office

Application For MASTERS/DOCTORAL CANDIDATURE and/or POSTGRADUATE SCHOLARSHIP

(Australian Citizens and Permanent Residents)

APPLICATION No.

(Office use only)

Applicants – Please Note:

1. Applicants will receive a letter acknowledging receipt of the application.
2. Original or certified copies of supporting documentation **MUST** be attached with this application. Failure to provide supporting documentation may delay your application being considered. Examples of supporting documentation include Academic Records for previous studies.

1. Personal Details

Have you previously been enrolled in any course at La Trobe University? Yes No

If Yes, under what name was this enrolment and your Student ID Number:

Family Name: Mr/Mrs/Ms/Miss/Dr: Date of Birth ___/___/___

Given Names: Gender (please circle): MALE FEMALE

Postal Address:
(Block Letters)

Telephone (Home): Telephone (Business): Telephone (Mobile):

Email Address (To receive University Correspondence):

2. Nature of Application

I wish to apply for admission to higher degree candidature:

Yes No (I am already an enrolled candidate)

If 'Yes', state full title of degree:

I wish to study full-time part-time

Prior contact with School:

Applicants are expected to have made contact with their potential supervisor(s) and the corresponding school(s).

I wish to enrol as a candidate in the School of

Campus:

I have discussed my intention to seek candidature and or scholarship with:

Name:

School:

I believe that my studies will be supervised by:

Name:

I wish to apply for a postgraduate scholarship:

Yes No

An Australian Postgraduate Award

A La Trobe University Postgraduate Research Scholarship (closing date: 31 October)

If my application for a scholarship is not successful, I wish to be considered for candidature:

Yes No

If 'Yes', I wish to study: full-time part-time

Proposed commencement date

Research Proposal

Provide a succinct title for your research project.

Attach on a separate sheet a summary (approximately 300 words) of your research proposal.

I have attached a summary of my proposal: Yes No

3. Tertiary Qualifications

(a) List all courses at tertiary institutions where you have been enrolled, including incomplete degrees. (See checklist Page 4, Item 9 regarding provision of transcripts.) **Do Not Send Your Graduation Certificate**

Abbreviated Course Name	ID Number	First Yr	Last Yr	Institution Name	Language of Institution	Qualification Gained (Codes below)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please use the codes in brackets to describe qualification status: Completed (COM), Will complete before Admission (WIL), Discontinued (DIS), Attempted (ATT) (Please ensure you attach original or certified copies of transcripts for all tertiary studies undertaken.)

(b) DEST requires the University to obtain details of research degrees you have been enrolled in previously and have not completed, (from 1 September 2000) to assess your entitlement under the Research Training Scheme. Please provide your total previous *EFTSU. You will need to obtain this information from your previous institution.

Total previous EFTSU:

* Equivalent Full-Time Student Unit (EFTSU) is your load for the semester as a proportion of a standard load for a full year.

4. Academic Qualifications and Experience

Scholarships/Awards/Medals/Prizes for Achievement

Have you ever received a scholarship, award or other recognition for academic achievement? Yes No
If 'Yes' provide brief details (attach separate sheet)

Research experience (tick as appropriate)

Have you ever completed research of a substantial nature at any stage in your career? Yes No

I have attached a separate sheet with details

Publications (tick as appropriate)

Have you been the author or co-author of any publication(s)? Yes No

5. Post Education Statistics

Aboriginal or Torres Strait Islander

- 2 Not of Aboriginal/Torres Strait Islander Origin
 3 Aboriginal origin
 4 Torres Strait Islander origin
 5 Aboriginal and Torres Strait Islander origin

Citizenship/Residence Status

You must provide evidence of Residency or Citizenship

- 1 Australian citizen
 2 NZ citizen
 3 Permanent resident
 4 Temp Entry Permit

Permanent Residence Status

If you indicate you are a Permanent Resident, complete the following. You must provide evidence of Permanent Residency.

- 1 Student residing in Australia
 2 Student residing outside Australia
 3 Permanent resident > 1 Year

Date Permanent Residence granted ___/___/___

Country of Birth

Country of birth, if born overseas indicate year of arrival

Country of birth Year of arrival

Language

Main language spoken at permanent residence.

Postcode

Permanent home resident postcode

If permanent residence is overseas, state country

Semester resident postcode

If semester residence is overseas, state country

Previous Education Statistics

Please complete the Previous Education Statistics for ALL courses or awards listed. If you answer YES to any course or award in Part A, you must also complete Parts B and C with corresponding course or award.

Type of course or award →	1	2	3	4	5	6	7	8	
	Post Graduate	Bachelor Degree	Diploma or Associate Diploma OTHER TAFE	Diploma or Associate Diploma OTHER TAFE	Other TAFE Awards	Final Year of Secondary Education High, Technical or Secondary School/College	Others Institution (ie TAFE)	Other Award	
Part A. Have you ever commenced this type of course? If yes, answer Parts B and C.	Yes <input type="checkbox"/> No <input type="checkbox"/> 100000	Yes <input type="checkbox"/> No <input type="checkbox"/> 100000	Yes <input type="checkbox"/> No <input type="checkbox"/> 100000	Yes <input type="checkbox"/> No <input type="checkbox"/> 100000	Yes <input type="checkbox"/> No <input type="checkbox"/> 100000	Yes <input type="checkbox"/> No <input type="checkbox"/> 100000	Yes <input type="checkbox"/> No <input type="checkbox"/> 100000	Yes <input type="checkbox"/> No <input type="checkbox"/> 100000	Yes <input type="checkbox"/> No <input type="checkbox"/> 100000
Part B. Did you complete the course?	Yes <input type="checkbox"/> No <input type="checkbox"/> 3 2	Yes <input type="checkbox"/> No <input type="checkbox"/> 3 2	Yes <input type="checkbox"/> No <input type="checkbox"/> 3 2	Yes <input type="checkbox"/> No <input type="checkbox"/> 3 2	Yes <input type="checkbox"/> No <input type="checkbox"/> 3 2	Yes <input type="checkbox"/> No <input type="checkbox"/> 3	Yes <input type="checkbox"/> No <input type="checkbox"/> 3	Yes <input type="checkbox"/> No <input type="checkbox"/> 3	Yes <input type="checkbox"/> No <input type="checkbox"/> 3
Part C. What was the last year you were enrolled in this course?	Year -----	Year -----	Year -----	Year -----	Year -----	Year -----	Year -----	Year -----	Year -----

6. Nomination of Referees

Academic Referees

All applicants must request two senior academics familiar with their recent achievements to forward confidential comments on the appropriate form directly to the University. List referees who have agreed to forward reports.

	Name & Title	Address	Telephone	Fax	Email
1					
2					

Professional Referees

Applicants for admission to the following programs: Dpsych; Doctor of Nursing (DN); ClinScD; DSW; PhysioD; MAppSc (Human Communication Sciences [H.C.S.]); and MAppSc (Physiotherapy), must request two referees familiar with their professional experience to submit a report directly to the University. Appropriate referee forms are available for the DPsych (from the Faculty Office) and ClinScD, MAppSc (H.C.S), (from the School). A typed reference is required for the DN, DSW, PhysioD, MAppSc (Physiotherapy). List the professional referees who have agreed to forward reports.

	Name & Title	Address	Telephone	Fax	Email
1					
2					

7. Employment History

List all relevant work experience: previous and current as well as full and part-time. If part-time, give the number of hours worked each week (eg. PT 25 hrs/wk). (attach separate sheets if necessary)

Date of Employment	Full-Time/ Part-Time	Job Title	Name and Address of Employer	Duties and Responsibilities

Applications for admission to candidature for the degree of Master of Applied Science are required to complete the following:

Nature and duration of previous professional experience (eg. Teaching, Social Work, Clinical Psychology, Computer Programming or related experience of paid or volunteer work).

Other professional qualifications (please provide documentation, transcripts, etc.) or experience:

Continued Employment During Candidature

Candidates intending to enrol for candidature and continue employment must indicate arrangements that will be made to ensure that candidature will not be hindered (attach a separate sheet if necessary). (Hours per wk, holiday, etc.)

Candidates in the above category must arrange for their employer, or senior officer of the institution, to furnish a statement authorising provision for release from normal duties and for access to any relevant facilities (attach a separate sheet).

Commitment to Employer

Are you under bond or other commitment to any employer/institution? Yes No

If 'YES', please attach a separate sheet detailing the nature of the commitment, details of employer, and a letter of support detailing leave arrangements to study.

8. Declaration and agreement

I declare that the information supplied with this application is true and complete in every detail.

I acknowledge and accept that the provision of incorrect information or the withholding of relevant information 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 of study.

I authorise La Trobe University to request and obtain further information from any educational institution or employer which may be required to confirm or clarify my suitability and eligibility for masters or doctoral studies.

I accept that the application and supporting documentation (excluding hard cover theses) become the property of La Trobe University and are not returnable.

(Signature of Applicant)

Date

9. Checklist

I enclose two (2) completed and signed application forms and 2 copies each of the following documentation:

- A 300 word summary of my research proposal (not necessary for Professional Doctorate applicants)
- Original transcripts (**or certified photocopies of transcripts**) issued in the last six months by all Institutions at which I have been enrolled
- Additional details of academic scholarships/awards/medals/prizes
- Details of significant research undertaken
- A list of publications
- For scholarship applicants only, please provide a birth certificate, proof of Australian citizenship or permanent residency (Photocopies **must** be certified)
- Evidence of change of name (eg. Marriage certificate, etc.) (Photocopies **must** be certified)
- A statement from my employer indicating support for my candidature

Before submitting your application check both copies to ensure that they have been identically completed and have your original signature.

La Trobe University respects the privacy of your personal information. We collect personal information about you on this form for admission and enrolment. For this purpose, we will use this information and typically disclose it to the Department of Education Science and Training. If your personal information is not provided to us on this form, then we cannot process your application. You may have the right to access your personal information that we hold about you subject to any exemption in laws by contacting us on (03) 9479 2971.

Instructions to Applicants

1. Read these instructions carefully **before** completing the application form.
2. Please provide 2 copies of the application form and all supporting documents.
3. Answers should be printed in BLOCK letters.
4. Applicants should send the referee report forms to their nominated referees immediately and ask them to complete the forms promptly and return them directly to Research and Graduate Studies Office by the set deadline.
5. A separate application must be submitted for **each** degree course for which you wish to apply.
6. Answer all questions; print 'not applicable' if the question is not relevant to you. Where questions include boxes, tick the relevant box to indicate your answer.
7. You must provide original or certified photocopies of academic transcripts for all qualifications except those you have obtained at **La Trobe University**. If you have these available now, please send them with your application.
If not, do not delay your application, send whatever originals or certified copies you have now and forward the remainder as soon as you can obtain them.
If your transcripts are in a language other than English, you must attach an English translation, certified by the Registrar of the issuing institution or by an accredited translator.
If for any reason it is not possible for you to comply with these requirements, please attach an explanation.
Please note that we **do not** require your degree testamur or graduation certificate.
8. If your transcripts are in a previous family name, you must provide certified copies of evidence of change of name (eg. Marriage certificate, etc.)
9. A final decision on your application cannot be made until **all** the required documentation is received.
10. Applicants should contact the relevant academic school to make a preliminary inquiry about the availability of supervision and an acceptable research topic prior to submission of an application.
11. Applicants for postgraduate scholarships must provide a certified copy of their birth certificate, Australian citizenship or permanent residency, and if necessary a certified copy of evidence of change of name.
12. The closing date for **combined** candidature and scholarship applications or scholarship only applications is **31 OCTOBER** annually. Applications for candidature only, can be submitted at any time.
13. Applicants should notify the University immediately of any change of address, or circumstance, or of intention to withdraw an application.
14. **The declaration in Section 8 must be signed.**
15. **SEND TWO COPIES OF YOUR APPLICATION AND ALL SUPPORTING DOCUMENTATION TO:**

**Co-ordinator, Scholarships and Candidature
Research and Graduate Studies Office
La Trobe University
Melbourne, Victoria, Australia 3086**

Please direct enquires to:

(Faculty of Science, Technology & Engineering, Faculty of Education, Faculty of Law & Management)

Telephone: (03) 9479 2464/1831

Email: L.Elms@latrobe.edu.au

(Faculty of: Humanities & Social Sciences, Faculty of Health Sciences)

Telephone: (03) 9479 1580/2971/1974

Email: S.Mav@latrobe.edu.au