



# The University of Sydney

## Faculty of Arts

### Postgraduate Section

Telephone: +61 2 9351 4807 Fax: +61 2 9351 2045

pg@arts.usyd.edu.au

## ADDITIONAL UNITS OF STUDY FOR RESEARCH CANDIDATES

If you are applying to undertake a unit or units of study as part of your research candidature, you must return this form to the Faculty of Arts office no later than 15 March for Semester 1 and 15 August for Semester 2. Please obtain signatures from your Supervisor and Head of Department, as well as the Head of Department in which you intend to enrol in the unit(s) of study. The form should be returned to the Postgraduate Section, Faculty of Arts, The University of Sydney, NSW 2006.  
Faxed forms will be accepted.

### SECTION A (To be completed by the Student)

Name: \_\_\_\_\_ SID: \_\_\_\_\_

Address: \_\_\_\_\_ Degree: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Department: \_\_\_\_\_

Telephone: (Work/Mobile) \_\_\_\_\_ (Home) \_\_\_\_\_

Attendance: Full-time  or Part-time  Thesis submission due: \_\_\_\_\_

**I understand that a mark will be given for my work and a result and grade will be formally lodged. The result and grade will appear on my academic record and academic transcript.**

Unit of study title(s):

(1) \_\_\_\_\_

(2) \_\_\_\_\_

Unit of study code(s):

(1) \_\_\_\_\_ Semester: 1  or 2  or Summer  or Winter

(2) \_\_\_\_\_ Semester: 1  or 2  or Summer  or Winter

Reason for Request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION B (To be completed by your Supervisor)**

The request is  Supported  Not supported (tick as appropriate)

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION C (To be completed by your Head of Department)**

The request is  Supported  Not supported (tick as appropriate)

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION D (To be completed by the Head of Department offering the Unit(s) of Study)**

The request is  Approved  Not approved (tick as appropriate)

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION E (To be completed by Faculty Office)**

The request is  Approved  Not approved (tick as appropriate)

Assoc Dean: \_\_\_\_\_ Date: \_\_\_\_\_

PGMC (where applicable): \_\_\_\_\_ Date: \_\_\_\_\_