

REQUEST FOR ENTRY ONTO THE REGISTER OF ELIGIBLE SUPERVISORS (EXTERNAL)



TO BE COMPLETED BY EXTERNAL SUPERVISORS WHO ARE NOT MEMBERS OF THE UNIVERSITY OF ADELAIDE ACADEMIC STAFF, AFFILIATES OR TITLEHOLDERS

N.B. External Supervisors who have completed information on the 'Application for Remote Candidature' form are not required to complete this form

RMO FILE NO. _____ (*Delete where appropriate)

Title : _____ Family Name : _____ Given Names : _____

Preferred Name (if different) : _____ Date of Birth : _____ Gender : *Male/*Female

Please Note

If you are/have been a Student or Staff Member, Examiner or Titleholder (Adjunct/Affiliate/Clinical) at the University of Adelaide, you may already have been assigned an Employment ID or ID. Similarly if you are/have been known under a different Family name, you may exist in the University records, under your other name.

Please advise which, if any of the above, apply to you to ensure that a duplicate record is not created and please include your Emp ID or ID, or former Family name here:

Contact Details

Email Address: _____

Business Phone: _____ Fax: _____ Mobile: _____

Business Address: _____ City: _____

State: _____ Post Code: _____ Country (if outside Australia): _____

Mailing Address: _____ City: _____

State: _____ Post Code: _____ Country (if outside Australia): _____

Home Address (Optional): _____ City: _____

State: _____ Post Code: _____ Country (if outside Australia): _____

DECLARATION

I DECLARE that in providing the above information I am requesting to be considered as an External Supervisor and, if accepted for entry onto the University of Adelaide's *Register of Eligible Supervisors*, I understand that it is a condition of my initial maximum registration for a period of four(4) Years that I read, understand and abide by the rules, policies and guidelines of the University and in particular those at:

<https://www.adelaide.edu.au/policies/2063> and in the Research Student Handbook at:

<http://www.adelaide.edu.au/graduatecentre/handbook> I acknowledge that this application will be not considered unless I attach a copy of my curriculum vitae.

Name of student: _____

External Supervisor Signature

Date

Faculty/School/Discipline Certification

The External Supervisor is to be attached to the following:

School: _____ Discipline: _____

To supervise students at the following level:

PhD

Research Master

*Head of School or Discipline/*Postgraduate Coordinator

Date

*Executive Dean of Faculty

Date

Lodgement of Application

Your application form, together with your Curriculum Vitae, should be returned to the Adelaide Graduate Centre, The University of Adelaide, Level 6, 115 Grenfell Street, Adelaide, SA 5005

Enquiries

Telephone: + 61 8 8303 5882

Email: graduate.centre@adelaide.edu.au

Dean of Graduate Studies Approval

*Dean of Graduate Studies

Date

For Office Use Only

Name of student(s) to be supervised:

Comments

Curriculum vitae attached

External Supervisor confirmation letter sent

Added to Supervisor Register Review date _____

Added to hdrsupervisor mailing list

Search/Match Check Empl ID _____

Added to Instructor/Advisor Table

Added to student record

Sign: _____

Date: _____