

Use this form if you are a **research** candidate seeking approval for a **temporary** period of research overseas for field work data collection etc. Approval must be sought for overseas research of **MORE THAN 4 WEEKS**.
NB. DO NOT use this form to change to external candidature on a permanent basis. Use EXT form to change to external.

Obtain signatures of supervisor and Dean of Division and lodge 4-6 weeks BEFORE departure at:

Higher Degree Research Office
Research HUB, Building C5C EAST, Level 3
Macquarie University NSW 2109

PLEASE PRINT CLEARLY

1. Personal Information:

Mr Ms Mrs Miss	FAMILY NAME	OTHER NAMES
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2. Student Id Number:

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3. Email:

4. Current Address:

NB A contact mailing address should be maintained for the period of overseas research or a proxy authorised to act on your behalf.

Should this address be used for all university correspondence?

YES

NO

⇒ If no, Please provide alternate address and/or person acting as proxy:

5. Are you an international student or a temporary visa holder?

YES

NO

⇒ if yes, you should obtain advice with regard to visa matters.

6. Are you a scholarship holder?

YES

NO

⇒ if yes, what is the full name of the scholarship?

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NB. Special conditions may apply to the scholarship in relation to overseas research.

7. Current Course Details:

a. Specify the degree in which you are currently enrolled:

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b. Division/Dept:

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c. Area of study:

THIS SECTION SHOULD BE COMPLETED IN CONSULTATION WITH YOUR PRINCIPAL SUPERVISOR.

8. Proposed Temporary External Program of Advanced Study and Research.

a. Period of overseas research From:

DD	MM	YY

 To:

DD	MM	YY

b. I will be engaged in study and research at:

c. Provide details of the work that will be undertaken during the above periods and how it relates to your overall research program.

9. Adjunct Supervisor

NB. If an Adjunct Supervisor has not been proposed details of what supervisory arrangements have been made must be included below. Approval from HDRC is required if no Adjunct Supervisor is to be appointed.

a. Please give details of your proposed Adjunct Supervisor.

NAME & TITLE OF ADJUNCT SUPERVISOR	INSTITUTION	A/Supervisor has agreed to act
		Y/N
		Y/N

b. Give details of any other supervisory arrangements that have been made and discussed with your Principal Supervisor.

Signature of Applicant _____ Date: _____

INFORMATION AND SIGNATURES OF PRINCIPAL SUPERVISOR AND DEAN OF DIVISION (OR NOMINEE).

Please comment on and indicate whether you support the request.

Signatures: Supervisor: _____ Date: _____

HDRC Representative: _____ Date: _____

Dean of Division: _____ Date: _____

➡ **SEE THE TOP OF THE FIRST PAGE FOR DETAILS ON WHERE TO LODGE THIS APPLICATION.**