Confirmation of Research & Enrolment Form

SECTION 1 – STUDENT INFORMATION

STUDENT NUMBER:

FAMILY NAME: ____________________________________ GIVEN NAMES: ____________________________________

Program Code:  
☐ PhD, COMPER1650  ☐ ME, COMPER2665  ☐ MSc, COMPER2765

Study Mode:  
☐ Full-time  ☐ Part-time

Are you a scholarship recipient:  
Yes / No  
Name of Scholarship: ____________________________________

Are you a NICTA student?  
Yes / No  
Note: NICTA students need to have a NICTA supervisor and a joint CSE supervisor.

SECTION 2 – RESEARCH INFORMATION

Supervisor’s Name: ____________________________________

Joint Supervisor’s Name: (if you have one) ____________________________________

Co-supervisor’s 1 Name: (if you have one) ____________________________________

Co-supervisor’s 2 Name: (if you have one) ____________________________________

Thesis Title: ____________________________________

SECTION 3 – COURSEWORK REQUIREMENT

The Faculty of Engineering requires PhD students to complete 3 coursework in their first year of enrolment, 2 courses for Masters by Research students. This includes the compulsory course GSOE9400 Engineering Postgraduate Research Essentials which is taken in the second semester of your candidature. For more information on GSOE9400, please refer to the handbook:

http://www.handbook.unsw.edu.au

The other course/s are technical postgraduate courses offered by the School. If you wish to enrol in course/s offered by Schools other than CSE, you will need to seek permission to enrol in the course from the Lecturer In Charge (LIC) of that course.

You need to obtain your supervisor’s approval for any courses you choose. Please discuss this with your supervisor.

Please list the course/s you wish to enrol in:

1. GSOE9400 Engineering Postgraduate Research Essentials (enrol in 2nd sem of candidature)  
   Semester: _______ Year: _______

2. ________________________________  
   Semester: _______ Year: _______

3. ________________________________  
   Semester: _______ Year: _______

Student’s Signature: ________________________________ Date: ________________________________

Supervisor’s Signature: ________________________________ Date: ________________________________

Return completed form to the CSE Student Office