

# Request By Research Degree Candidate for Approval of Concurrent Enrolment



University of Technology, Sydney

This form applies to UTS Doctoral or Master by Thesis students who wish to be enrolled concurrently in a second course at UTS.

## STUDENT DETAILS

Student ID:

Family Name: \_\_\_\_\_ Given Names: \_\_\_\_\_

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

Contact Number/s: \_\_\_\_\_

## DETAILS OF MAIN COURSE OF STUDY

Name of Course: \_\_\_\_\_

Attendance Pattern: (please circle) - Full Time - Part Time

Date enrolled: \_\_\_\_\_ How Many Semesters have you completed? \_\_\_\_\_

Faculty: \_\_\_\_\_

Supervisor/s Name: \_\_\_\_\_

## DETAILS OF SECONDARY COURSE

Name of second course in which you wish to enrol: \_\_\_\_\_

Attendance Pattern: (please circle) - Full Time - Part Time

Commencement semester of second (concurrent) course: \_\_\_\_\_

For how many semesters do you wish to be concurrently enrolled? \_\_\_\_\_

Reason for wishing to be concurrently enrolled: \_\_\_\_\_  
 \_\_\_\_\_

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

(This section to be completed by Faculty, Candidates Supervisor and UGS only)

## UTS APPROVAL

Principal Supervisor --	(PLEASE CIRCLE)	SUPPORTED	NOT SUPPORTED
_____		_____	_____
Name		Signature	Date

Responsible Academic Officer of Faculty --	(PLEASE CIRCLE)	RECOMMENDED	NOT RECOMMENDED
_____		_____	_____
Name		Signature	Date

Dean, University Graduate School --	(PLEASE CIRCLE)	APPROVED	REFUSED
_____		_____	_____
Name		Signature	Date

ACTION: Letter of decision sent to student \_\_\_\_\_ cc – Faculty, Supervisor, Student File.