

APPLICATION FOR MINOR THESIS COMMENCEMENT OR CHANGE TO MINOR THESIS DETAILS

Students must complete sections relevant to their application and have the Minor Thesis Coordinator, sign Section E, before submitting the form to the School Office.

SECTION A: Personal Details

Student ID:	Course Title:	Course Code:
Surname:	Given Name:	
Telephone:	Mobile:	E-mail:
Thesis Title:		

SECTION B: Minor Thesis Unit Commencement and Change of Unit Details

Study Mode:	Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>
FIT4005 (or equivalent unit):	Completed <input type="checkbox"/>	Studying concurrently <input type="checkbox"/>
Details of equivalent unit in place of FIT4005 (if applicable):		

Please complete the course map in the attachment on page 2 of this document.

SECTION C: Appointment / Change of Supervisor

New supervisor's name:	Signature:	Campus:
Former supervisor's name:	Signature:	Campus:
New second supervisor name (if applicable):	Signature:	Campus:
Former second supervisor name (if applicable):	Signature:	Campus:

SECTION D: Applicant's Declaration

I declare that the information provided by me is true and complete. I acknowledge that Monash University reserves the right to vary or reverse any decision regarding admission on the basis of incorrect or incomplete information

Privacy Statement

The information on this form is collected for the purposes of processing your application. If you choose not to complete all relevant sections of this form it may not be possible for this form to be processed. You have a right to access personal information that Monash University holds about you, subject to any exceptions in relevant legislation. If you wish to seek access to your personal information, please contact the University Privacy Officer at the following email address: privacyofficer@adm.monash.edu.au, phone number: 9905 6011.

Student Signature: _____ Date: __/__/__

SECTION E: Approval by Minor Thesis Coordinator

Signature: _____ Name: _____ Campus: _____ Date: __/__/__

Office Use Only

Supervisor Name: _____ Staff ID Keyed:

Second Supervisor Name (if applicable) : _____ Staff ID Keyed:

Keyed: __/__/__ Initials: _____ Student Provided with Completed Form: __/__/__

Copy sent to Administrative Officer (supervisor campus location) __/__/__

