



Using this form: The student should email the completed, fully signed form and 500 word proposal to OEP-research@unimelb.edu.au by the advertised deadline. Please save the form with the student name in the title i.e. "LASTNAME Firstname R1 Research Subject Application Form". If you do not have a digital ID an image of your signature can be pasted into the form using the Edit PDF function in Adobe Acrobat.

PART I: TO BE COMPLETED BY THE STUDENT IN CONSULTATION WITH SUPERVISOR

Student details

Full name:			
Email:		Student number:	

Subject

	Code	Subject title	Points	Number of Semesters Of Enrollment	Words
	ENST90006	Environmental Research Review	12.5	1	5,000
	ENST90007	Environmental Research Topic	25	1	10,000
	ENST90035/36	Environmental Research Topic Pt1/Pt2	25	2	10,000
	ENST90016	Environmental Research Project	50	1	20,000
	ENST90037/38	Environmental Research Project Pt1/Pt2	50	2	20,000
	ENST90025	Environmental Industry Research	25	1	10,000
	ENST90039/40	Environmental Industry Research Pt1/Pt2	25	2	10,000
	ENST90020	Environmental Industry Research	50	1	20,000
	ENST90041/42	Environmental Industry Research Pt1/Pt2	50	2	20,000

Semester of commencement	Semester 1		Semester 2		Year	
Semester of completion	Semester 1		Semester 2		Year	

Primary supervisor

Full name:			
Email:			
Department		Themis code	
Staff number:		Share of supervisory responsibility (%)	

Secondary supervisor

Full name:			
Email:			
Department		Themis code	
Staff number:		Share of supervisory responsibility (%)	

Proposed research title:

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Ethics and Risk Assessment

Does the research require ethics approval?	Yes	<input type="radio"/>	No	<input type="radio"/>
If yes, give deadline for submission to relevant ethics committee:				
Do the research activities that require a risk assessment (e.g. field or laboratory work)?	Yes	<input type="radio"/>	No	<input type="radio"/>
Does the research involve international travel?	Yes	<input type="radio"/>	No	<input type="radio"/>

Research Project Budget

	Projected cost (\$)	Funding source	Comments
Fieldwork			
Travel			
Equipment			
Other			
Total			

Other resources available to student:

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PART II: TO BE COMPLETED BY SUPERVISOR

Assessment requirements:

Standard Assessment (table below)	<input type="checkbox"/>	Proceed to Part III
Non Standard Assessment	<input type="radio"/>	Fill in tasks in table below on this page

Standard assessment (Default)

Subject Code	Points	Assessable Item	Word Limit	Due Date (5pm Mon)	Value (%)
ENST90006	12.5	Extended Bibliography	1000	wk 5	20
		Literature review	4000	1st wk exam period	80
ENST90007	25	Literature review	1500	wk 5	15
ENST90025		Research Seminar*	15 min	wk 11*	15
		Research Project	7000	1st wk exam period	70
ENST90035/36	25	Literature review	1500	wk 10 (1st enrolled sem.)	15
ENST90039/40		Research Seminar*	15 min	wk 11 (2nd enrolled sem.)*	15
		Research Project	7000	1st wk exams (2nd enrolled sem.)	70
ENST90016	50	Literature review	3000	wk 5	15
ENST90020		Research Seminar*	15 min	wk 11*	7.5
		Research Project	15500	1st wk exam period	77.5
ENST90037/38	50	Literature review	3000	wk 10 (1st enrolled sem.)	15
ENST90041/42		Research Seminar*	15 min	wk 11 (2nd enrolled sem.)*	7.5
		Research Project	15500	1st wk exams (2nd enrolled sem.)	77.5

*Hurdle Requirement

Non-standard assessment

(Only complete if not using the above format)

Tailored assessments must have (1) a research report weighted at no less than 60% of the final score, (2) a seminar as a hurdle requirement held during the OEP Research Day and (3) all assessment must be completed by the Mon of the 1st week of the exam period of the relevant semester of enrolment.

Tailored Assessments must be approved by the OEP Director.

Assessment tasks (only complete is not using standard assessment above)			
	Word limit (or equivalent)	% of grade	Due date
Research report (Hurdle)			
Oral presentation (Hurdle)			
Total:			

Justification of non-standard assessment:

(only complete if not using standard assessment)

If the project involves an industry partner, please provide details of the background IP to be provided by the University:

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Student declaration: I have developed this proposal in consultation with the proposed supervisor. I understand the risk management and funding arrangements for the subject. I have read the required assessment tasks and criteria.

Student name:	Student signature:	Date:

Supervisor approval: I confirm that I am willing to supervise the project as described in the attached proposal. I agree to the proposed expenditure and funding sources as stated above. I have considered the IP relationships between the University and any external party (if relevant) and all risk assessments and health and safety compliance will be conducted through my Division/School.

Name:	Signature:	Date:

(if required) Secondary Supervisor approval: I confirm that I am willing to supervise the project as described in the attached proposal. I agree to the proposed expenditure and funding sources as stated above. I have considered the IP relationships between the University and any external party (if relevant) and all risk assessments and health and safety compliance will be conducted through my Division/School.

Name:	Signature:	Date:

PART III: TO BE COMPLETED BY INDUSTRY PARTNER (INDUSTRY SUBJECTS ONLY)

Industry Partner details			
Name of industry partner:			
Contact person's name:			
Email:		Phone:	
Address:			

Does the Industry Partner have an existing research relationship with the University of Melbourne? If yes, please provide details:

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What material support is the Industry Partner providing for the Project?

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Will the student be employed by the Industry Partner during the project?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
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Additional comments:

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Industry supervisor approval: I confirm that I am willing to supervise this project in collaboration with the nominated academic supervisor, and have viewed the final version of the proposal

Name:	Signature:	Date:

PART IV: HEAD OF DEPARTMENT (OF PRIMARY ACADEMIC SUPERVISOR)

Head of Department approval: I am willing for this project to be supervised by the nominated staff member. I agree to the proposed expenditure and funding sources as stated in the proposal.

Name:	Signature:	Date: