



**Using this form:** The student should email the completed, fully signed form and 300 word proposal to [OEP-research@unimelb.edu.au](mailto:OEP-research@unimelb.edu.au) by the advertised deadline. 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	Summer*	Year	
Semester of completion	Semester 1	Semester 2	Summer*	Year	

\* ENST90006 and 90007 only

**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			
<b>Total</b>			

**Other resources available to student:**

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**The assessment structure for each subject is:**

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 ENST90025	25	Literature review	1500	wk 5	15
		Research Seminar*	15 min	wk 11*	15
		Research Project	7000	1st wk exam period	70
ENST90035/36 ENST90039/40	25	Literature review	1500	wk 10 (1st enrolled sem.)	15
		Research Seminar*	15 min	wk 11 (2nd enrolled sem.)*	15
		Research Project	7000	1st wk exams (2nd enrolled sem.)	70
ENST90016 ENST90020	50	Literature review	3000	wk 5	15
		Research Seminar*	15 min	wk 11*	7
		Research Project	15500	1st wk exam period	78
ENST90037/38 ENST90041/42	50	Literature review	3000	wk 10 (1st enrolled sem.)	15
		Research Seminar*	15 min	wk 11 (2nd enrolled sem.)*	7
		Research Project	15500	1st wk exams (2nd enrolled sem.)	78

\*Hurdle Requirement

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

**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 II: 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:

**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:**

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

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:**

**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: