

I wish to apply for a place in an Honours Program commencing FEB 2021 MID YEAR 2021

LAST NAME:				FIRST NAME:			
PREFERRED NAME:				TITLE:		DOB:	
EMAIL*:				PHONE:			
FLINDERS UNI STUDENT ID:							

*Note: once you have enrolled, email messages will be sent to your University email address only. If you use an alternative email address, it is your responsibility to forward your University email via the 'Forwarding' option in Outlook (available once you have signed into Outlook via the Okta dashboard).

ACADEMIC DETAILS

Degrees and Awards: Original or certified copies of academic transcripts, showing all subjects attempted and grades received, **EXCEPT FOR STUDIES UNDERTAKEN AT FLINDERS UNIVERSITY, MUST** be attached to this application.

List in chronological order all university or other post-secondary programs attempted or completed.

Name of Degree/Award	Institution	Major Field of Study	Attempted but not completed. Enter last year enrolled	Completed or about to complete. Enter expected completion date

Please indicate if you are awaiting the results of a supplementary exam: Yes No

PROGRAM DETAILS:

I wish to apply for the following program (please indicate your degree):

PROGRAM:

I wish to study the Honours program on the following basis: Full-time Part-time

SUPERVISOR NOMINATION

List two supervisors below that you wish to work with during your Honours year. **Prior** to submitting your application, you must speak with potential supervisors and ask them to sign this form to confirm that they have discussed possible projects with you. Once applications close, successful applicants will be advised who their Honours supervisor will be.

1 st SUPERVISOR PREFERENCE	
PRINCIPAL SUPERVISOR:	CO-SUPERVISOR/S:
PROJECT/RESEARCH AREA:	
POTENTIAL EXAMINERS (supervisor to nominate):	
SUPERVISOR'S SIGNATURE:	DATE:

2 nd SUPERVISOR PREFERENCE	
PRINCIPAL SUPERVISOR:	CO-SUPERVISOR/S:
PROJECT/RESEARCH AREA:	
POTENTIAL EXAMINERS (supervisor to nominate):	
SUPERVISOR'S SIGNATURE:	DATE:

Applicant to read and sign

I certify that to the best of my knowledge all documentation and information submitted or made available by me to the University, whether in relation to any course of study or otherwise, is true, accurate and complete. I acknowledge that the provision of inaccurate or incomplete information by myself, or a certifying authority, may result in the withdrawal of any offer of enrolment, or the cancellation of any enrolment allowed on the basis of acceptance of that offer.

APPLICANT'S SIGNATURE: _____ DATE: _____

PLEASE SUBMIT THIS FORM TO THE COLLEGE OF SCIENCE & ENGINEERING, STUDENT SUPPORT SERVICE,
by return email to cse.enquiries@flinders.edu.au