** Honours & Masters Student Admission Form**

Use this form to apply to undertake an Honours or Masters degree at QIMR Berghofer.

***Please fill this form out electronically, then send it to your QIMR Berghofer supervisor as a word document to fill in section 2. When you get it back from them, combine it with all supporting documents into ONE PDF and email to*** [***Graduateeducation@qimrberghofer.edu.au***](mailto:Graduateeducation@qimrberghofer.edu.au)

**Processing times for Institute admission:**

|  |  |
| --- | --- |
| Student is enrolled in a Queensland University | 3 weeks |
| Student is enrolled in an Overseas University | 6 weeks |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 1: To be completed by student** | | | | | | | |
| **Student Details** | | | | | | | |
|  |  | | |  | |  | |
| Surname: |  | | | Given Names: | |  | |
|  |  | | |  | |  | |
| Email Address: |  | | | Contact Number: | |  | |
|  |  | | |  | |  | |
| Are you an International student (if yes, please provide University agreements, your medical insurance, visa)? | | | | | |  | |
|  |  | | |  | |  | |
| Highest Awarded Degree: |  | | | University: | |  | |
|  |  | | |  | |  | |
| Date Awarded: |  | | | Gender: | |  | |
|  |  | | |  | |  | |
| **Enrolment Details** | | | | | | | |
| Project Title (compulsory): | | | | | | | |
|  | | | | | | | |
|  | |  | |  | | |  |
| Proposed Degree: | |  | | Enrolment: | | |  |
|  | |  | |  | | |  |
| University: | |  | | University School: | | |  |
|  | |  | |  | | |  |
| Proposed Start Date at Institute: | |  | | Proposed End Date at Institute: | | |  |
|  | |  | |  | | |  |
| Attendance: (at the Institute) | |  | |  | | |  |
|  | |  | |  | | |  |
| QIMR Berghofer Supervisor: | |  | | Associate Supervisor 1: | | |  |
|  | |  | |  | | |  |
| Associate Supervisor 2: | |  | | Associate Supervisor 3: | | |  |
|  | |  | | | | |  |
| **Supporting Documents - Please indicate that you have attached all required documents** | | | | | | | |
| Student IP Deed (compulsory) | | |  | | | | |
| Academic Curriculum Vitae (compulsory) | | |  | | | | |
| Project outline (compulsory) | | | (no more than 1 page in length) | | | | |
| Copy of passport (compulsory for all students) & visa (if international student) | | |  | | | | |
| Proof of university enrolment (compulsory) | | | (this must be provided before Institute induction) | | | | |
| Proof of insurance for period of QIMR Berghofer visit (if applicable) | | |  | | | | |
|  | | | | | | | |
| **Additional Information:** | | | | | | | |
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|  | | | | | | | |
| **Section 2: To be completed by Institute Supervisor (compulsory)** | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| Do you have ethics approval for this project? | | | | |  | | |
|  | | | | |  | | |
| Does this project need a MTA or DTA? | | | | |  | | |
|  | | | | |  | | |
| Are you offering financial support for this student? | | | | |  | | |
|  | | | | |  | | |
| If you selected yes to the above question, what is the Cost centre number? | | | | |  | | |
|  | | | | |  | | |
| Do you have the grants officer approval to use this cost centre for this purpose? (if yes, please provide the email correspondence separately) | | | | |  | | |

Please note: Students with appointments less than 12 months will not be given a QIMR Berghofer email address. Institute correspondence will be transferred to a nominated email account during their appointment.