** 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***

**Processing times for Institute admission:**

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

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| **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)** |
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|  |
| 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.