



Application to Transfer to External MEd Candidature

To be completed by the student (Please place X in the appropriate boxes)

ID No:

Family Name:

Title:

Given Names:

Mailing Address:

Telephone No:

Home:

Work:

Email address:

Enrolment and attendance details

The external MEd candidature is to be undertaken:

Within Australia

Overseas

The external MEd candidature is to be undertaken:

Full-time

Part-time

The transfer to external candidature should date from:

Day

Month

Year

Reasons for seeking a transfer to external candidature:

Please indicate your employment commitments during your proposed candidature.

Employer:

Position Title:

Employment Level: Full-time

Part-time or Casual

State the days and hours per working week during which you will undertake your employment responsibilities

A candidate who wishes to undertake MEd studies by external mode **is required:**

- i) to communicate with the supervisor by telephone, video conference or other interactive means at least monthly, (and on a daily base as required).

Please indicate what arrangements have been made for this and how regularly contact will be maintained:

- ii) to undertake the equivalent of 15 days of full-time study within the university each year:

Please indicate how this annual attendance requirement will be fulfilled in the first year of candidature:

Please indicate how you propose to meet this attendance requirement in subsequent years:

Applicant's Signature: _____ Date: _____

To Be Completed By Supervisor

The **main supervisor** is:

Title	Family name and initials	Department	Budgetory Unit Code	Monash Staff ID No

The **associate supervisor** is:

Title	Family name and initials	Department	Budgetory Unit Code	Monash Staff ID No

I support the student's application for the following reasons:

I do not support the student's application on the following grounds:

Name of Supervisor (Please print): _____

Signature of Supervisor: _____ Date: _____

Faculty Approval – Dean or Dean’s Nominee

To be completed by Dean or Dean’s Nominee

Approved / Not approved

Comments

Name (Please print): _____

Signature: _____ Date: _____