

HIGHER DEGREE RESEARCH COURSE TRANSFER REPORT



1. HIGHER DEGREE RESEARCH CANDIDATE DETAILS

HDR Candidate name	
Student number	
Faculty	
School	
Principal Supervisor	
Co-Supervisor	
Current Degree	
Degree to be transferred to	
Expected course end date	

COMPLETE EITHER 2 OR 3 DEPENDING ON TYPE OF TRANSFER

2. COURSE UPGRADE

We, the undersigned, agree that the HDR Candidate has proven their capacity to undertake independent research at a doctoral level.

Position	Name (<i>please print</i>)	Signature
Principal Supervisor		
Co-Supervisor 1		
Co-Supervisor 2 (if relevant)		
Independent Panel Member		
Head of Postgraduate Studies		
HDR Candidate		
Date		

3. COURSE TRANSFER/DOWNGRADE

Reason for course transfer/downgrade?

--

Position	Name (<i>please print</i>)	Signature
Principal Supervisor		
Co-Supervisor 1		
Co-Supervisor 2 (if relevant)		
Independent Panel Member		
Head of Postgraduate Studies		
HDR Candidate		
Date		

PLEASE EMAIL A COPY OF THE COMPLETED FORM TO THE GRADUATE RESEARCH SCHOOL
graduate-research-school@uow.edu.au



UNIVERSITY
 OF WOLLONGONG
 AUSTRALIA