

ARRIVAL/DEPARTURE NOTIFICATION FORM



This form is for **Jointly Awarded Doctoral Degree (JADD)** and **Dual Award Doctoral Degree (DADD)** **candidates only**. Use this form to notify Graduate Research that you have recently arrived at or that you intend on departing the University of Newcastle. Candidates departing the University of Newcastle must complete this form at least three weeks before their departure date. If your arrival or departure requires a change to your approved Study Period, please also complete the [Request to Adjust the Study Period](#) form.

CANDIDATE DETAILS

Family Name:

Given Name:

University of Newcastle
Student Number:

Partner Institution
Student Number:

Instructions:

- If you have **recently arrived** at the University of Newcastle – complete Section A
- If you are **departing** the University of Newcastle – complete Section B

Section A – RECENTLY ARRIVED AT THE UNIVERSITY OF NEWCASTLE

Exact date of arrival:

Do you intend to remain at Newcastle until you submit your thesis?

Yes:

☐

No*:

☐

*If No, please provide your estimated departure date:

Section B – DEPARTING THE UNIVERSITY OF NEWCASTLE

Exact date of departure:

Do you intend to remain at the partner institution until you submit your thesis?

Yes:

☐

No*:

☐

*If No, please provide your estimated date of arrival back at the University of Newcastle:

Please tick this box to confirm you have checked your scholarship conditions and understand that your living allowance may be suspended while you are outside of Australia:

☐

Please tick this box to confirm that you will contact Allianz and request the suspension of your OSHC policy as soon as you depart Australia:

☐

DECLARATION AND APPROVALS

Candidate Declaration

I confirm that I will spend a minimum of 12 months in total at each institution before submitting my thesis for examination.

CANDIDATE SIGNATURE:

Date:

Please email the completed form to your Principal Supervisor.

University of Newcastle Principal Supervisor Declaration and Approval

I confirm the information in this form is true and correct to the best of my information, knowledge and belief.

I also confirm that the Partner Institution is aware of this arrangement.

Supervisor Name:

SUPERVISOR SIGNATURE:

Date:

Please send the completed form to Graduate Research: HDR-Partnerships@newcastle.edu.au.