

**UON Graduate Research
Expression of Interest – PhD or MPhil Admission**



THIS IS AN EXPRESSION OF INTEREST FORM TO PROVIDE A POTENTIAL SUPERVISOR A BRIEF SUMMARY OF YOUR QUALIFICATIONS AND ANY PRIOR RESEARCH EXPERIENCE. IT DOES NOT REPLACE THE FORMAL APPLICATION.

IF A POTENTIAL SUPERVISOR IS WILLING FOR YOUR APPLICATION TO BE PROGRESSED FOR FULL ASSESSMENT, YOU WILL BE GIVEN A PRE-IDENTIFIED CANDIDATE CODE, WHICH IS REQUIRED FOR AN ONLINE APPLICATION.

THIS FORM, ONCE COMPLETED, MUST BE UPLOADED WITH YOUR ONLINE APPLICATION. THE PIC CODE IS ENTERED INTO THE 'PRE-IDENTIFIED CANDIDATE CODE' FIELD.

CONTACT DETAILS			
SURNAME/FAMILY NAME			
GIVEN NAME(S)			
EMAIL		STUDENT NUMBER (IF APPLICABLE)	
DISCIPLINE OR PROGRAM OF INTEREST			

BRIEF SUMMARY OR YOUR RESEARCH PROJECT AREA (MAX. 500 WORDS)

ACADEMIC QUALIFICATIONS		
PLEASE LIST ALL OF YOUR ACADEMIC QUALIFICATIONS (BACHELOR/UNDERGRADUATE, MASTERS DEGREES, GRADUATE CERTIFICATE, GRADUATE DIPLOMA, PHD, ETC) COMMENCED AND AWARDED		
DEGREE	COUNTRY	INSTITUTION

ENGLISH LANGUAGE REQUIREMENTS (POLICY)	
<input type="checkbox"/>	A VALID ACADEMIC ENGLISH PROFICIENCY TEST IN THE LAST TWO YEARS E.G. IELTS LEVEL 6.5 WITH NO SUBTEST BELOW 6.0 (OR 7.0 WITH NOT SUBTEST BELOW 6.5 FOR MOST HEALTH PROGRAMS).
<input type="checkbox"/>	QUALIFICATION FROM NON-EXEMPT COUNTRIES - SUCCESSFUL COMPLETION OF ACCEPTED SENIOR SECONDARY LEVEL OR ABOVE OF AT LEAST TWO YEARS FULL TIME OR EQUIVALENT IN DURATION WHOLLY TAUGHT AND ASSESSED IN ENGLISH IN THE LAST FIVE YEARS.
<input type="checkbox"/>	QUALIFICATION FROM EXEMPT COUNTRIES - SUCCESSFUL COMPLETION OF ACCEPTED SENIOR SECONDARY LEVEL OR ABOVE OF AT LEAST ONE YEAR FULL TIME OR EQUIVALENT IN DURATION WHOLLY TAUGHT AND ASSESSED IN ENGLISH.
<input type="checkbox"/>	YET TO TAKE A TEST <u>OR</u> TEST RESULTS BELOW ARE THE MINIMUM REQUIRED.

RESEARCH PUBLICATIONS/ CONFERENCE PROCEEDINGS		
IF APPLICABLE, PLEASE PROVIDE LINKS TO YOUR TOP PEER REVIEWED RESEARCH PUBLICATIONS OR CONFERENCE PROCEEDINGS (MAX. 8)		
ARTICLE TITLE	JOURNAL/BOOK/ CONFERENCE	WEBLINK

RESEARCH TRAINING/ RESEARCH WORK EXPERIENCE			
IF APPLICABLE, PLEASE PROVIDE DETAILS OF YOUR MOST RECENT RESEARCH TRAINING/RESEARCH WORK EXPERIENCE OVER THE LAST FIVE YEARS.			
EXPERIENCE	ORGANISATION	DURATION (MONTHS OR YEARS)	FULL TIME/PART TIME/CASUAL

DECLARATION

I DECLARE THAT THE INFORMATION PROVIDED IN THIS FORM IS TRUE AND CORRECT AND RECOGNISE THAT IF I PROVIDE FALSE OR MISLEADING INFORMATION, MY APPLICATION FOR ADMISSION MAY NOT PROGRESS.

APPLICANT SIGNATURE		DATE	
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PLEASE DO NOT APPLY ONLINE UNTIL YOU HAVE RECEIVED FEEDBACK FROM YOUR POTENTIAL SUPERVISOR AND YOU HAVE BEEN GIVEN A PRE IDENTIFIED CANDIDATE CODE. **THIS COMPLETED EOI FORM MUST BE UPLOADED WITH YOUR APPLICATION.**

POTENTIAL SUPERVISOR

I AM WILLING TO SUPERVISE THIS POTENTIAL CANDIDATE SUBJECT TO:

- SCHOOL AND FACULTY RESOURCES BEING AVAILABLE;
- A SUBSEQUENT FULL APPLICATION BEING SUBMITTED AND ASSESSED; AND
- THE APPROPRIATE SCHOOL AND FACULTY APPROVALS BEING OBTAINED.

POTENTIAL SUPERVISOR NAME		POTENTIAL SUPERVISOR SIGNATURE	
DATE		PRE IDENTIFIED CANDIDATE CODE	