

# OFF-CAMPUS ENROLMENT APPLICATION

## CURRENT CANDIDATE



Use this form to apply to enrol in your HDR program as an off-campus candidate.

Note that by applying for off campus status you must reside and/or work outside a 50km radius of the campus responsible for your program of enrolment and be able to demonstrate that the arrangements will not impede your progress in any way. Candidates holding a student visa are not permitted to enrol as an off-campus student for more than one-third of their total candidature.

Approval is required from your Principal Supervisor and the Head of School/Nominee.

### CANDIDATE DETAILS

Family Name:

Given Name:

Student Number:

### OFF-CAMPUS DETAILS

Off-campus period:  
(i.e. remainder of  
candidature or specified  
dates)

Justification for  
request:

Indicate the primary  
mode of contact with  
your supervisors:

<input type="checkbox"/>	Phone	<input type="checkbox"/>	Email	<input type="checkbox"/>	Skype	<input type="checkbox"/>	In person	<input type="checkbox"/>	Other (state which)	<input type="checkbox"/>
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How often do you  
intend to visit campus?

How do you intend to  
deliver your oral  
presentation and  
verbal defence as part  
of confirmation?

## SIGNATURE AND APPROVALS

CANDIDATE SIGNATURE:

Date:

Please sign this form and email the completed form to your Principal Supervisor. Once signed off, they will return to you, for you to forward to Graduate Research: [graduate-research@newcastle.edu.au](mailto:graduate-research@newcastle.edu.au). Please copy in all of your supervisors when you submit the form to Graduate Research.

Principal Supervisor  
Name:

Do you support this change request? Yes:

☐

No:

☐

Provide justification for  
this decision:

Principal Supervisor  
Signature:

Date:

Please return the completed form to the candidate, who will forward to Graduate Research: [graduate-research@newcastle.edu.au](mailto:graduate-research@newcastle.edu.au). Graduate Research will coordinate approval by the Head of School/Nominee

Head of School/  
Nominee Name:

Do you support this change request? Yes:

☐

No:

☐

Provide justification for  
this decision:

Head of School/  
Nominee Signature:

Date: