



# The University of Sydney

## Faculty of Science

### POSTGRADUATE SECTION

#### Unit of Study in Research Degree

If you are applying to take an additional unit of study as part of your research degree, you must return this form to the Faculty of Science office NO LATER THAN 25<sup>th</sup> March for Semester One and 25<sup>th</sup> August for Semester Two. Please obtain recommendations from your Supervisor and Head of School as well as the Head of the School in which you intend to do your course. Then return the form to the Postgraduate Section, Faculty of Science, University of Sydney, NSW 2006.

#### SECTION A: (To be completed by the Student)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ SID: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_ Email: \_\_\_\_\_

Degree:      PhD        MSc                      School: \_\_\_\_\_

Attendance:  Full-time  Part-time                      Supervisor: \_\_\_\_\_

*Please indicate the additional Unit of Study, School, and whether you want it recorded on your transcript:*

UNIT OF STUDY CODE	UNIT OF STUDY NAME	SCHOOL

Recorded on Academic Transcript                       Not recorded on Academic Transcript

*WHEN YOU DECIDE TO HAVE YOUR UNIT OF STUDY RECORDED ON YOUR TRANSCRIPT, YOU WILL RECEIVE A FORMAL MARK FOR THE COURSE. THIS ALSO MEANS THAT IF YOU DISCONTINUE, NOT COMPLETE OR FAIL THE UNIT OF STUDY, THIS WILL ALSO BE RECORDED ON YOUR TRANSCRIPT.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### SECTION B: (To be completed by Supervisor)

The request is      Supported        Not Supported

Comments: (Please provide a clear statement of expectations and obligations which will be included in the letter sent to the student) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### SECTION C: (To be completed by Head or PG Coordinator of School)

The request is      Supported        Not Supported

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**YOU MUST ALSO OBTAIN THE RECOMMENDATION OF THE HEAD OF SCHOOL WHERE YOU WANT TO DO ADDITIONAL UNIT OF STUDY**

**SECTION D: (To be completed by Head of School where Unit of Study is to be taken)**

The request is       Supported       Not Supported

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE FORWARD THIS COMPLETED FORM TO THE  
POSTGRADUATE SECTION, FACULTY OF SCIENCE, CARSLAW F07

**SECTION E: (To be completed by Faculty Office)**

The request is       Supported       Not Supported

Associate Dean/Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Postgraduate Studies Committee (where applicable): \_\_\_\_\_