

For Research Degree students

To be completed by Research Degree students who have previously withdrawn / been withdrawn from a research degree program within the last three (3) years.

Before completing this form, please consult the guidelines for Application for Re-Admission which can be found at <u>https://i.unisa.edu.au/students/research-students/student-forms/</u> and the Procedure AB-58 P3 Research Degrees Student Progression at <u>https://i.unisa.edu.au/policies-and-procedures/university-policies/academic/ab-58/ab-58-p3</u>

PART 1: STUD	ENT D	ETAILS						
Student ID								
First Name								
Family Name								
Date of Birth								
Address Details		Home		Mailing				
Address Line 1:								
Address Line 2:								
City/Suburb:				State/Province:				
Country:				Postcode/	Zip:			
Has your citizenship/residency status changed since you were last enrolled at UniSA?				☐ Yes ☐ No If yes, please attach evidence of citizenship/residency				
I would like to return:			Internal External					
Program/Plan:				Intended commencement date:				
During your absence from UniSA, did you continue your rese (If Yes, please provide details below)					other institution?	□ Yes	🗌 No	
Institution				Start/End Dates				

PAR	T 2: REASON FOR WITHDRAWAL				
Please indicate the reason(s) you withdrew, or were withdrawn, from your Research Degree program					
	Family				
	Financial pressure / unrelated to research				
	Health				
	Research requirements exceeded expectations				
	Research too demanding				
	Supervisory issues				
	Transfer to another university				
	Work pressure				

Last updated: May 2022



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REASON FOR WITHDRAWAL - Continued
er. Please specify below (or attach details):

### PART 3: REASON FOR RE-ADMISSION

You are required to provide a statement in support of your application for re-admission. You should include information such as:

- your motivation for continuing the course
- any studies or work experience you have done since you were last enrolled

If you have completed further study since your previous enrolment at UniSA please include certified copies. Please include details of how you intend to meet all the milestones as agreed by your Principal Supervisor.



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PART 4: SUPERVISION PANEL DETAILS							
PRINCIPAL AND CO SUPERVISORY DETAILS							
Panel First		First Name		Last Name			Staff ID
Principal Supervisor							
Co-supervisor							
Co-supervisor							
ASSOCIATE AND ADV	ISOR :	SUPERVISORY DET	AILS				
Panel		First Name		Last Name External Or University of the University of the Universi		Advisor is internal to	
Associate Supervisor (usually researchers working in other academic institutions or research organisations)							
		Email Address:					
Advisor							
(not necessarily researchers)		Email Address*:					
		Email Address*:					

\* Leave email address blank if Advisor is internal to UniSA

#### PART 5: STUDENT DECLARATION

In signing this form, I confirm that:

- the information I have provided in this application and any attached supporting documentation is complete, true, and accurate
- I agree to meet all milestones set by my Principal Supervisor
- I understand that continuation of candidature depends on the successful completion of the set milestones
- I may be liable for tuition fees

#### Student Signature

Date



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PART 6: MILESTONES TO BE MET (to be completed by Principal Supervisor)								
١	The Principal Supervisor of a reinstated research degree student is required to establish milestones with the student to ensure completion within the required timeframe. Please provide a statement of support for re-admission. The Dean of Research (or delegate) must agree to the milestones and monitor progress. For more information, refer to the Procedure AB-58 P3 Research Degrees Student Progression.							
	I <b>recommend</b> that the Research Degree student is re-admitted to the program							
	I have established milestones with the student (detailed list of milestones attached)							
Principal Supervisor Name								
Principal Supervisor Signature Date								

#### PART 7: DEAN OF RESEARCH DECLARATION AND APPROVAL

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I agree to monitor these milestones and progress against the milestones					
Dean of Research Name					
Dean of Research Signature		Date			

Staff use: Please check and submit completed form to Research Student Services, Student and Academic Services (SAS) via email at <a href="mailto:research.students@unisa.edu.au">research.students@unisa.edu.au</a>