

Application for Re-Admission

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To be completed by Research Degree students who have previously withdrawn / been withdrawn from a research degree program within the last three (3) years.

(i) Before completing this for

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

PART 1: STUDEN	DETAILS						
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:	☐ Full-time ☐ Part-time	☐ Internal ☐ External					
Program/Plan:		Intended commencement date:					
During your absence from UniSA, did you continue your research at another institution? (If Yes, please provide details below) Yes No							
Institution			Start/End Dates				
PART 2: REASON	FOR WITHDRAWAL AND READMI	SSION					
PART 2: REASON FOR WITHDRAWAL AND READMISSION Please indicate the reason(s) you withdrew, or were withdrawn, from your Research Degree program							
T	nal / unrelated to research	,		, zog.co prog.a			
	specify below (or attach details):						
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PART 3: NEW SUPERVISION PANEL DETAILS CO AND PRINCIPAL SUPERVISORY DETAILS New Panel First Name Last Name Principal Supervisor Co-supervisor Co-supervisor ASSOCIATE AND ADVISOR SUPERVISORY DETAILS New Panel First Name Last Name Associate Supervisor (usually researchers working in other academic institutions or research organisations) Advisor (not necessarily researchers) Email Address*: Email Address*: Email Address*: Email Address*: **Email Address*: **Email Address*: **Internal to UniSA** PART 4: STUDENT DECLARATION In signing this form, I confirm that: • the information I have provided in this application and any attached supporting and accurate • I agree to meet all milestones set by my Principal Supervisor • I understand that continuation of candidature depends on the successful com			
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 I understand that continuation of candidature depends on the successful com 			
	pletion o	of the set m	nilestones
I have attached a current resume			
I may be liable for tuition fees		T	
Student Signature		Date	

Please provide details on the reasons why you wish to apply for re-admission

PART 5: MILESTONES TO BE MET (to be completed by Principal Supervisor)						
•	The Principal Supervisor of a reinstated research degree student is required to establish milestones with the student to ensure completion within the required timeframe. The Dean of Research (or delegate) must agree to the milestones and monitor progress. For more information, refer to the Progression .					
	☐ I recommend that the Research Degree student is re-admitted to the program					
	☐ I have established milestones with the student (detailed list of milestones attached)					
PART 6: DEAN OF RESEARCH APPROVAL						
Dean of Research Name						
Dean of Research Signature		Date				
	<u>.</u>	·				
Staff use: Please check and submit completed form to Scholarships and Candidature, Student and Academic Services (SAS) via email at research.students@unisa.edu.au						