



Graduate Research School
**APPLICATION TO *Downgrade* FROM
 DOCTOR OF PHILOSOPHY (PHD) TO
 MASTER BY RESEARCH**

DG

Please note: If this application to downgrade to a Master by Research requires any changes to supervision, please submit the VAR1 form along with this DG form.

1. STUDENT DETAILS

FAMILY NAME: _____ **STUDENT ID:** _____

GIVEN NAMES: _____ **TITLE:** Mr, Ms, Mrs, Dr, etc _____

SCHOOL: _____ **TELEPHONE NO:** _____

DEGREE: _____

DOMESTIC STUDENT **INTERNATIONAL STUDENT** - Student Visa expiry date: ___/___/___

If you have held a scholarship in the past 12 months please complete the following:

Name of scholarship/s:	Expiry date of scholarship/s:
1.	
2.	
3.	

2. CURRENT DEGREE OF STUDY

DEGREE PROGRAM: _____ **FIELD OF STUDY:** _____

SCHOOL: _____

MODE OF STUDY: **PART-TIME:** **FULL-TIME:**
PART-TIME EXTERNAL: **FULL-TIME EXTERNAL:**

3. PROPOSED NEW DEGREE OF STUDY

DEGREE PROGRAM: _____ **FIELD OF STUDY:** _____

SCHOOL: _____

MODE OF STUDY: **PART-TIME:** **FULL-TIME:**
PART-TIME EXTERNAL: **FULL-TIME EXTERNAL:**

4. SIGNATURE OF STUDENT

International Students Only: I am aware of the student visa implications that this application may cause and that I'm required to contact the Department of Home Affairs for visa related enquiries (Please tick and sign below)

(International Student Signature)

(Print name)

Date

5. COORDINATING SUPERVISOR OR PRINCIPAL & COORDINATING SUPERVISOR, AND GRADUATE RESEARCH COORDINATOR - SIGNATURES	
Coordinating Supervisor OR Principal & Coordinating Supervisor signature:	Date:
Coordinating Supervisor OR Principal & Coordinating Supervisor name (please print):	
Graduate Research Coordinator signature:	Date:
Graduate Research Coordinator name (please print):	

6. JOINT SCHOOL (if applicable):	
Coordinating Supervisor OR Principal & Coordinating Supervisor signature:	Date:
Coordinating Supervisor OR Principal & Coordinating Supervisor name (please print):	
Graduate Research Coordinator signature:	Date:
Graduate Research Coordinator name (please print):	

7. GRADUATE RESEARCH SCHOOL OFFICE USE ONLY	
<input type="checkbox"/> Approved	<input type="checkbox"/> Not approved
_____	_____
Associate Director, Graduate Research School, OR Manager, Graduate Research Candidature	Date
Candidature Office <input type="checkbox"/> Init: _____ Date: _____	
Scholarships Office <input type="checkbox"/> Init: _____ Date: _____	
Finance Office <input type="checkbox"/> Init: _____ Date: _____	
<i>Action Required:</i>	
<input type="checkbox"/> Scholarship is to be amended for the period applicable for Master's candidates	
<input type="checkbox"/> Where downgrade is approved scholarship expiry date has been amended and candidature advised.	