

Termination of Enrolment

Higher Degree by Research Students

Please read the Guidelines outlining the Process of Termination of Enrolment of Higher Degree by Research Students before completing this form.

Please print using black or dark blue pen in the spaces provided.

The personal information collected on this form will be used by Curtin University for the sole purpose of providing requested and related services. Full privacy statement available at <http://global.curtin.edu.au/legal/privacy.cfm>.

Part 1: Head of Enrolling Area or Appropriate Alternate must complete this section

Student ID Number Title Mr Ms Other

If a Curtin Sarawak student, please also provide the Sarawak ID Number

Surname / Family Name

Given Names

Address for Correspondence

Title of Course

Course Code

Academic Status

Prior to termination of enrolment, a candidate shall normally be accorded Conditional status.

Enrolling Area

Faculty

Termination of Enrolment Details

Grounds for recommendation for termination of enrolment (as stipulated in Section 16 of Rule 10: Degree of Doctor by Research and Rule 11: Degree of Master by Research):

Please tick the appropriate box.

- (i) where the candidate has failed to submit a thesis within prescribed time limits, including extensions of enrolment as approved by the Associate Deputy Vice-Chancellor, Research Training (see Section 4(c)(ii));
- (ii) where the candidate has failed to submit an application for Candidacy within prescribed time limits, including extensions of time as approved by the Faculty Graduate Studies Committee (see Section 6(c));
- (iii) where the progress of the candidate is deemed to be unsatisfactory by the Head of Enrolling Area or appropriate alternate (see Section 9(c));
- (iv) where the candidate is Absent Without Leave for a period exceeding six months (see Section 10(b));
- (v) where the candidate has failed to otherwise comply with these Rules.

Date student was notified by Head of Enrolling Area (or appropriate alternate), in writing, of recommendation to terminate enrolment:

Date
(DD/MM/YY)

Confirmation that the student has been provided with the opportunity to show cause why enrolment should not be terminated. (Student must be given 28 days to respond.)

Yes

Student Response:

- written submission of show cause evidence; or
- oral presentation of show cause evidence; or
- no response.

Summary of the Head of Enrolling Area's response (or that of appropriate alternate) to the evidence submitted by the student or the student's failure to respond. (Please attach relevant documents. e.g. chronology of events, correspondence with student, student's submission.)

Head of Enrolling Area's Decision:

- (i) Recommendation for termination not approved; » *Revision of Student's Status*
» Student's status to continue as: Conditional
 Good Standing
- (ii) Recommendation for termination proceeds to Faculty Graduate Studies Committee for approval. » *Forward to FGSC*

Name of Head
(or appropriate alternate) [please print]

If alternate, please state role title:

Signature of Head
(or appropriate alternate)

Date
(DD/MM/YY)

Date student was notified by HoEA (or appropriate alternate), in writing, of HoEA's decision:

Date
(DD/MM/YY)

Part 2: Faculty Graduate Studies Committee representative must complete this section

Date of FGSC meeting where recommendation was considered: **Date**
(DD/MM/YY)

FGSC's Decision:

- (i) Recommendation for termination proceeds to Associate Deputy Vice-Chancellor, Research Training for approval; or » *Forward to ADVC, RT*
- (ii) Recommendation for termination not approved. » *Return to Enrolling Area*

In the case of (i) above,
Date of forward of recommendation to ADVC, RT: **Date**
(DD/MM/YY)

In the case of (ii) above,
Date termination of enrolment recommendation was returned to Enrolling Area: **Date**
(DD/MM/YY)

Name
[please print]

Position

Signature **Date**
(DD/MM/YY)

Part 3: Office of Research and Development representative must complete this section

Date of Approval by Associate Deputy Vice-Chancellor, Research Training: **Date**
(DD/MM/YY)

Date of noting by the University Graduate Studies Committee: **Date**
(DD/MM/YY)

ADVC, RT's Decision:

- (i) Recommendation for termination approved; or » *Student to be notified*
- (ii) Recommendation for termination not approved. » *Return to Enrolling Area*

In the case of (i) above,
Date student was formally notified of decision: **Date**
(DD/MM/YY)

In the case of (ii) above,
Date termination of enrolment recommendation was returned to Enrolling Area: **Date**
(DD/MM/YY)

Name
[please print]

Position

Signature **Date**
(DD/MM/YY)