

SUPERVISOR & THESIS REGISTRATION

Master of Psychology

GS20



THE UNIVERSITY OF
MELBOURNE

This form should be completed by students in consultation with their supervisor(s) and submitted to the Research Officer, Psychology Office.

Please complete Sections 1-4. Your supervisor should complete section 5. If you have been unable to arrange a supervisor(s) you should consult with your course convenor and/or the Graduate Convenor.

SECTION 1: STUDENT INFORMATION

Enrolment: Full-time Part-time

Stream: Clinical Child Neuro

Official Submission Date: 30 October _____*

**The final year of enrolment in the thesis subject.*

Student No:

Name: _____

Would you like additional help in the areas of language/writing/communication skills?

Yes

No

Please elaborate: _____

SECTION 2: PROPOSED SUPERVISOR(S)

Please note that students with an external supervisor MUST also have a Departmental supervisor.

Supervisor(s)	Department	Contribution %
1.		
2.		

If you have NOT obtained a supervisor(s), please elaborate on the steps you have taken, problems encountered etc.:

SECTION 3: RESEARCH TOPIC

The proposed research topic should be agreed with your supervisor(s). Please give a specific title:

SECTION 4: STUDENT SIGNATURE

Student's Signature	Date

SECTION 5: SUPERVISOR(S) COMMENTS

Please note that students with an external supervisor **MUST** also have a Departmental supervisor.

Title	First Name	Surname	Supervision Details (No. of equivalent full-time (EFT) students currently supervising).				
			4 th Yr	M.Psych	D.Psych	Masters	PhD

External Supervisors

If an individual who is not a member of the University staff has been nominated as a supervisor or co-supervisor, please supply the following information and forward a C.V. with this form.

Name: _____				
Address: _____				
			Postcode: _____	
Telephone:	Home: _____	Business: _____	Fax: _____	
Email: _____				

Are you willing to supervise under the University's "Code of Conduct of Research"? Yes No

Reason for nominating as supervisor: _____

Research Proposal

Please comment on the student's proposed research program with particular reference to its feasibility and the methodology to be employed, including any requirement for all facilities (including travel or fieldwork, library, equipment or other resources).

Supervisor(s)	Signature(s)	Date
1.		
2.		
Course Convenor		

- OFFICE USE ONLY -

UPDATE <input type="checkbox"/>	ISIS	DATE: ____/____/____	COPY TO	<input type="checkbox"/> Student <input type="checkbox"/> File
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