



HDR Advisor Request Form

DETAILS OF STUDENT REQUIRING SUPERVISION

NAME: ID NUMBER:

SUPERVISOR DETAILS

TITLE: (eg. Ms, Prof, Dr) SURNAME:

GIVEN NAME: PHONE NUMBER:

DATE OF BIRTH: EMAIL:

MAILING ADDRESS:

By signing below, you are indicating your consent to join the supervisory panel for the above student, and abide by the University Code of Practice for HDR Supervision. Before signing, you should read the following policy, procedure & guidelines:

Policy: https://policies.anu.edu.au/ppl/document/ANUP_012812

Procedure: https://policies.anu.edu.au/ppl/document/ANUP_012813

Guidelines: https://policies.anu.edu.au/ppl/document/ANUP_012814

SIGNATURE: DATE:

Once this form is signed please return to the relevant HDR Administrator in the School or College

HDR ADMINISTRATOR DETAILS

FULL NAME:

POSITION:

SCHOOL:

COLLEGE:

PLEASE RETURN TO: ✉ star@anu.edu.au

ENQUIRIES TO: ✉ star@anu.edu.au or ☎ (02) 6125 9653