
Research Project Summary Form

Personal Details

Family Name: _____ Given Names: _____ Title: _____

Phone: _____ Mobile: _____

Student Number: _____

Research Project Details

Title of research project:

(This title will appear on your transcript - please print clearly or attach a word document.)

Semester: _____ Year: _____ Course Code: _____ No. Units: _____
(e.g. SCNC2021) (6, 12, or 24 units)

Name of research project supervisor: _____

Name of co-marker: _____
(Compulsory for all research projects)

Brief Project Summary (This description should be similar to a Course Handbook entry. Please contact a Science Sub Dean if you have any queries completing this section – attach an extra page if necessary.)

Anticipated Goals or Learning Outcomes (Including development of skills)

Summary of Assessment

A research project is approx. 130 hrs of work. The due date should be prior to the end of the first week of the exam period for the relevant semester.

Activity*	%	Due Date	Additional details (if necessary)
Oral Presentation			
Report			
Assignments**			
Lab work/Log book			

* Detail only the activities that are relevant to your project

** If more than one assignment is required, show breakdown

Summary forms due week 2

SIGNATURES

	Please Print Name	Signature	Date
Student			
Research Project Supervisor			
Discipline Area Associate Director of Science Education			
Science Sub Dean			

Please leave the completed form at Science Central, Ground Floor Peter Baume Building, #42 for approval by a Sub Dean. You will also need to submit an application for Enrolment Change with this form.