

# School of Medical Sciences

## Honours Programme – Application Form



### PERSONAL DETAILS

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Title: Mr / Mrs / Miss / Ms

Surname: ..... Given Names: .....

Student ID: ..... Email: .....

Contact Address: .....

Suburb: ..... State: ..... Postcode: .....

Telephone: (W) ..... (H) ..... (M) .....

### PROPOSED STUDY DETAILS (IN ORDER OF PREFERENCE)

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1<sup>st</sup> Preference Proposed Honours Project Title: .....

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Proposed Supervisor: ..... Discipline: .....

2<sup>nd</sup> Preference Proposed Honours Project Title: .....

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Proposed Supervisor: ..... Discipline: .....

3<sup>rd</sup> Preference Proposed Honours Project Title: .....

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Proposed Supervisor: ..... Discipline: .....

### ACADEMIC DETAILS

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Will you complete an undergraduate degree in 2009? Yes / No

If no, when did you complete an undergraduate degree? .....

Name of Degree: ..... Name of Institution: .....

What did you major in? .....

### DECLARATION

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I declare that the information I have supplied is to the best of my knowledge correct.

Signature: ..... Date: .....

### RECOMMENDATION BY HONOURS / POSTGRADUATE COURSE COORDINATOR

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Is this application supported? Yes / No Comments: .....

Signature: ..... Date: .....