

Reading, Research and Project Unit Application

It is the student's responsibility to ensure this application form is completed with all signatures and approvals from both Unit Leader/Supervisor and Course Coordinator/Director before it is returned by the deadline.

- **Student** – to complete section A and sign section E
- **Unit Leader/Supervisor** – to complete section B or C
- **Course Coordinator** – to sign section D

NB: This application form must be submitted along with an enrolment amendment form to the School Office on your home campus by the end of the second week of semester to ensure your enrolment is finalised

SEMESTER _____ YEAR _____

Reading/Research Units:

FIT4008 Reading unit (6pts)	FIT5109 Research topic (6pts)
FIT5108 Reading unit (6pts)	

Project Units:

FIT5008 Digital communications project (12pts)	
---	--

A. STUDENT DETAILS			
Student ID		School	
Course Code		Course Name	
Family Name			Title
Given Names			
Email		Telephone (Day or Mobile)	

B. READING/RESEARCH UNIT DETAILS (this section applies to units FIT4008, FIT5108, FIT5109)		
Unit Code of the classes the student will be attending as an alternative unit as part of their assessment requirement for their special entry unit (if relevant): (In some instances students attend classes for an alternative unit as part of their assessment requirement for their special entry unit)		
Specified Extra Assessment:		
Supervisor's Name	Supervisor's Signature	Date
Unit Leader's Name	Unit Leader's Signature	Date
C. PROJECT UNIT DETAILS (this section applies to students enrolling into unit FIT5008)		
Project Start and End Date:		
Project Topic (Supervisor to Complete if applicable)		
Background:		
Project Aims:		
Schedule:		
Meetings:		
Assessment:		
Supervisor's Name	Supervisor's Signature	Date
Unit Leader's Name	Unit Leader's Signature	Date

D. Course Co-ordinator/Director Approval Must be completed for all units.			
Course Co-ordinator/Director's Name			
Course Co-ordinator/Director's Signature		Date	

E. Associate Dean (Education) Approval **Course Director must seek approval from AD(E).			
Provide reason for enrolment approval:			
Associate Dean (Education) Name			
Associate Dean (Education) Signature		Date	

F. STUDENT'S AGREEMENT			
I understand and agree to meet all the above requirements and assessment of the unit as specified by the Unit Leader/Supervisor.			
Privacy Statement The information on this form is collected for the purposes of enrolling you into the unit specified on this form. If you choose not to complete all relevant sections of this form it may not be possible for this form to be processed. You have a right to access personal information that Monash University holds about you, subject to any exceptions in relevant legislation. If you wish to seek access to your personal information, please contact the University Privacy Officer at the following email address: privacyofficer@adm.monash.edu.au , phone number: 9905 6011.			
Student's Signature		Date	

SCHOOL OFFICE USE ONLY:			
Callista updated by		Date	
<i>course notes updated</i>	<input type="checkbox"/>		
<i>enrolment keyed</i>	<input type="checkbox"/>		

Faculty of IT Caulfield School of IT Monash University Level 6, H Block Sir John Monash Dr Caulfield East Victoria 3145 Tel: +61 3 9903 2535 Fax: +61 3 9903 1077	Faculty of IT Berwick School of IT Monash University Level 1, Building 903 100 Clyde Road Berwick Victoria 3806 Tel: +61 3 9904 7127 Fax: +61 3 9904 7125	Faculty of IT Clayton School of IT Monash University Ground Floor, Building 63 Wellington Road, Clayton Victoria 3800 Tel: +61 3 9905 9986 Fax: +61 3 9905 5149	Faculty of IT Gippsland School of IT Monash University Building 4N Northways Road Churchill Victoria 3842 Tel: +61 3 9902 6835 Fax: +61 3 9902 6842
--	--	--	--