

|  |
| --- |
| **INDIVIDUAL CANDIDATURE AGREEMENT FORM** |

This form is to be completed by the Proposer in consultation with the Partner Institution for each candidate related to HDR Dual award or Joint research degree arrangements and submitted to the Graduate Research School at least **4 months** prior to the expected commencement term of the HDR candidate\*. The information from this form will be used to draft **Individual Candidature Agreement.**

Graduate Research School will prepare the Individual Candidature Agreement and obtain the required approvals. Upon final approval, the Graduate Research School will notify the Proposer.

For more information, visit the following links:

[Graduate Research School | Western Sydney University](https://www.westernsydney.edu.au/schools/grs)

[Dual Award and Joint Research Higher Degree Policy](https://policies.westernsydney.edu.au/document/view.current.php?id=200)

[Doctorate Policy](https://policies.westernsydney.edu.au/document/view.current.php?id=17&version=13)

[Sustaining Success 2021-2026](https://www.westernsydney.edu.au/__data/assets/pdf_file/0005/1819895/OVCH_5133_Sustaining_Success_2021-2026-_Booklet_web_AC.pdf)

\*Please ensure there is a current Dual Award Partnership MoU in place with the Partner Institution prior to completing this form.

|  |
| --- |
| **1.**  **Candidate details** |
| Given name(s) |  |
| Last name |  |
| Email |  |
| Gender (Male/Female/Other) |  |
| Country of citizenship |  |
| If candidate has applied to WSU, provide Application ID |  |
| **2. Type of research program** *(Please mark with X)* |
| Dual Award/Cotutelle | PhD |  | MRes |  | MRes Pathway & PhD |  |
| Joint Award | PhD |  | MRes |  | MRes Pathway & PhD |  |
| **3. Name of the degree at both institutions** |
| At WSU |  |
| WSU Program CRICOS Code |  |
| At Partner Institution |  |
| **4. Western Sydney University Proposer** |
| Name |  | Position |  |
| School/ Institute |  |
| Email |  | Phone |  |
| **5.**  **Partner Institution contact details** |
| Institution name  |  |
| Address |  |
| City |  | Country |  |
| Highest Officer of the Organisation *(VC, DVC, CEO, Executive Director, etc.)* | Name |  |
| Title |  |
| Email |  |
| Contact person for agreement negotiations |  | Position |  |
| School/Unit/Institute |  |
| Email of the contact person |  | Phone |  |
| Contact email (Research School) |  | Phone |  |
| Authorised signatory |  |
| Title of the signatory |  |
| **6. Program duration and proposed pattern of residency at each institution\*** |
| Total duration of the program |  |
| Expected agreed start date |  |
| Expected date of thesis submission |  |
| Proposed residence at WSU    | From | To |
| From | To |
| From | To |
| Proposed residence at Partner Institution  | From | To |
| From | To |
| From | To |
| *\*Must be a minimum of 12 months at each institution* |
| **7. Research details** |
| Proposed research title/topic |  |
| Language of the Thesis and Abstract | **WSU** | **Partner Institution** |
| Thesis | English | Thesis |  |
| Abstract | English | Abstract |  |
| **8. Supervision details** |
| WSU primary supervisor | Title |  |
| Name |  |
| Email |  |
| School/ Institute |  |
| WSU co-supervisor  | Title |  |
| Name |  |
| Email |  |
| School/ Institute |  |
| Partner Institution primary supervisor | Title |  |
| Name |  |
| Email |  |
| School/ Institute |  |
| Partner Institution co-supervisor  | Title |  |
| Name |  |
| Email |  |
| School/ Institute |  |
| **9. Outline the proposed arrangements for the Higher Degree Research thesis submission and examination for this agreement.** *(Must comply with WSU Examination Policy)* |
|  |
| **10. Funding details (include tuition fees, stipend, candidature project fund etc)** *The following considerations must be discussed with the Partner Institution prior to submitting this form.*  |
| **Funding/Scholarship by WSU** *(Please mark with X and indicate amount where applicable)* |
| **Type of expense** | **Source of funds** |
| **GRS** *(Must obtain prior approval from Dean, GSRD)* | **School** | **Student/ Any other** |
| Tuition Fees |  |  |  |
| Scholarship |  |  |  |
| Candidature support fund |  |  |  |
| Candidature project fund |  |  |  |
| Travel and accommodation cost |  |  |  |
| Overseas Student Health Cover (OSHC) |  |  |  |
| Supervision cost |  |  |  |
| Additional funding/ scholarship |  |  |  |
| **Funding/Scholarship by Partner Institution** *(indicate duration of this arrangement and indicate amount where applicable)* |
| Tuition Fees |  |
| Scholarship |  |
| Candidature support fund |  |
| Candidature project fund |  |
| Travel and accommodation cost |  |
| Overseas Student Health Cover (OSHC) |  |
| Supervision cost |  |
| Additional funding/ scholarship |  |
| **11. Declaration and approvals** |
| **WSU Proposer Declaration** I have completed this form in consultation with the Proposer from the Partner Institution. (*The Proposer must obtain endorsement of the Dean of School/ Director of Institute BEFORE sending this form to the Graduate Research School).* |
| **Name** |  | **Position** |  |
| **School/ Institute** |  |  |  |
| **Signature** |  | **Date** |  |
| **Dean of School/ Director of Institute** I have read and support this proposal.  |
| **Name** |  | **Position** |  |
| **School/ Institute** |  |
| **Signature** |  | **Date** |  |

*The Proposer is to send the Dean of School/ Director of Institute endorsed Individual Candidature Agreement Form to Graduate Research International Partnerships Lead at* *grs.internationalpartnerships@westernsydney.edu.au*

*Once endorsed by the Dean, GSRD, Proposer will be advised accordingly to commence admission process as per the standard admission process.*