

SUPERVISOR NOMINATION FORM



THE UNIVERSITY OF
NOTRE DAME
A U S T R A L I A

Student/Candidate information

Name	
Program	
School	
Topic	

Proposed Principal Supervisor

Title		Name		Surname		Staff ID	
Affiliation or School							
Contact address (if external)							
Phone		Email					
Academic qualifications							
Academic strengths/interests							
Supervision experience or personal research record							
Supervisory responsibilities in respect to this student							
Commencement of supervision		Semester		Year		Load (%)	

Proposed Co-Supervisor 1

please attach CV if external

Title		Name		Surname		Staff ID	
Industry supervisor?		Employer name					
Affiliation or School							
Contact address (if external)							
Phone		Email					
Academic qualifications							
Academic strengths/interests							
Supervision experience or personal research record							
Supervisory responsibilities in respect to this student							
Commencement of supervision		Semester		Year		Load (%)	

SIGNATURES OF APPROVAL

Dean of School		Director of Research Office	
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Proposed Co-Supervisor 2

please attach CV if external

Title		Name		Surname		Staff ID	
Industry supervisor?				Employer name			
Affiliation or School							
Contact address (if external)							
Phone				Email			
Academic qualifications							
Academic strengths/interests							
Supervision experience or personal research record							
Supervisory responsibilities in respect to this student							
Commencement of supervision		Semester		Year		Load (%)	

Proposed Co-Supervisor 3

please attach CV if external

Title		Name		Surname		Staff ID	
Industry supervisor?				Employer name			
Affiliation or School							
Contact address (if external)							
Phone				Email			
Academic qualifications							
Academic strengths/interests							
Supervision experience or personal research record							
Supervisory responsibilities in respect to this student							
Commencement of supervision		Semester		Year		Load (%)	

SIGNATURES OF APPROVAL

Dean of School		Director of Research Office	
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Student/Candidate information

Name	
Program	
School	

Proposed Co-Supervisor 4

please attach CV if external

Title		Name		Surname		Staff ID	
Industry supervisor?		Employer name					
Affiliation or School							
Contact address (if external)							
Phone		Email					
Academic qualifications							
Academic strengths/interests							
Supervision experience or personal research record							
Supervisory responsibilities in respect to this student							
Commencement of supervision		Semester		Year		Load (%)	

Proposed Co-Supervisor 5

please attach CV if external

Title		Name		Surname		Staff ID	
Industry supervisor?		Employer name					
Affiliation or School							
Contact address (if external)							
Phone		Email					
Academic qualifications							
Academic strengths/interests							
Supervision experience or personal research record							
Supervisory responsibilities in respect to this student							
Commencement of supervision		Semester		Year		Load (%)	

SIGNATURES OF APPROVAL

Dean of School		Director of Research Office	
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