

SCMB Postgraduate Coursework Supervisor Approval Form

School of Chemistry & Molecular Biosciences (SCMB)

IMPORTANT INFORMATION:

Due to COVID-19, course delivery modes have changed. This may affect the courses you are able to enrol in. Please read the information regarding delivery modes below carefully and direct any questions to the SCMB Student and Academic Administration Team (enquiries@scmb.uq.edu.au).

Complete this form if you are undertaking any of the following courses:

Code	Unit	Title	Delivery Mode/s	Duration
BIOX6000	2	Paper Critique	Internal / External	complete in one semester
BIOX7000	2	Area Review	Internal / External	complete in one semester
BIOX7002	2	Research Project A	Internal / External*	complete in one semester
BIOX7003	2	Research Project B	Internal / External*	complete in one semester
BIOX7004	4	Research Project A	Internal / External*	complete in one semester
BIOX7005	4	Research Project B	Internal / External*	complete in one semester
BIOX7008	8	Major Research Project & Seminar	Internal / External*	complete in one semester
BIOX7009	8	Major Research Project & Seminar	Internal / External*	complete in one semester
BIOX7011	8	Major Research Project & Seminar	Internal / External*	start sem 1, complete sem 2
BIOX7012	8	Major Research Project & Seminar	Internal / External*	start sem 2, complete summer
BIOX7013	8	Major Research Project & Seminar	Internal / External*	start summer, complete sem 1
BIOX7014	8	Major Research Project & Seminar	Internal / External*	start sem 2, complete sem 1
BIOX7015	8	Major Research Project & Seminar	Internal / External*	Part-time over four semesters
BIOX7021	16	Advanced Research Project & Seminar	Internal ONLY	start sem 1, complete sem 2
BIOX7022	16	Advanced Research Project & Seminar	Internal ONLY	start sem 2, complete summer
BIOX7023	16	Advanced Research Project & Seminar	Internal ONLY	start summer, complete sem 1
BIOX7024	16	Advanced Research Project & Seminar	Internal ONLY	start sem 2, complete sem 1
BIOX7025	16	Advanced Research Project & Seminar	Internal ONLY	Part-time over four semesters
BIOX7026	16	Advanced Research Project & Seminar	Internal ONLY	Part-time over three semesters
BIOX7100	4	Literature Review	Internal / External	complete in one semester
BIOX7101	4	Literature Review	Internal / External	complete in one semester
BIOX7200	2	Project Proposal	Internal / External	complete in one semester

^{*} Approval to enrol in the External offering of a project course will only be given in exceptional circumstances. The project must be approved by the Program Director and may require further Faculty and University approvals before permission will be granted to enrol.

Delivery Mode	Description
Internal	Internal courses require regular in-person attendance throughout the semester.
External	External courses offer all learning online for the whole semester, including all assessment.
	You are not required to attend on campus.

Complete a separate form for each course you undertake. Ensure the form is signed by your supervisor and your examiners. Submit completed forms via the submission portal in the SCMB Postgraduate Coursework Community Blackboard site.

If this is your **only course** for the nominated semester, you must submit this form with sufficient time to enable you to enrol in your course by the semester enrolment due date. If you are enrolling in other courses, this form must be submitted **no later than**Wednesday of the second week of semester. Enrolment deadlines are listed on the Academic Calendar found here:

https://www.uq.edu.au/events/calendar_view.php?category_id=16.

Once your request is approved, you will be notified to enrol in your course via mySI-net.

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School of Chemistry & Molecular Biosciences (SCMB)

STUDENT DETAILS								`	
Given Name:	Family Name:								
Course Code:	Student No:								
Student Email:									
Project Title:									
☐ I understand that my research project must be su☐ I understand extensions will only be granted if the website.							-		
Student's signature	Date								
PRIMARY PROJECT SUPERVISOR									
Title: Given Name:	Family Name:								
School/Institute/Company:									
Email:	Phone Number:								
Laboratory Location: Primary location where the students will be located. F	Room Number, Building Name	, Street	Addr	ess, Sı	ıburb,	State			
 ☐ IMPORTANT: I agree that the delivery mode nomin regarding this, please contact enquiries@scmb.uq. ☐ I agree to supervise the above student and to supperformance by the deadline provided by the Scholar I confirm the examiners I have nominated below a 	edu.au for further informationally a mark for the research sention.	n. ninar p	resent	ation	and/o	r labor	ratory		isure
Signed	Date								
Supervisor to indicate – Is this an Industry related pro	oject?					Yes	; 	N	lo 📙
Supervisor to indicate – Is this an Industry related pro	pject?					Yes	s 🗆	N	10 🗆
	Family Name:					Yes	s 🗆	N	10 🗀
CO-SUPERVISOR/SECONDARY CONTACT						Yes	s 🗆	N	10 🗆
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Any forms without supervisor/examiner signatures will not be accepted.