

SCMB Postgraduate Coursework Supervisor Approval Form

School of Chemistry & Molecular Biosciences (SCMB)

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

Code	Unit	Title	Delivery Mode	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	complete in one semester
BIOX7005	4	Research Project B	Internal	complete in one semester
BIOX7008	8	Major Research Project & Seminar	Internal	complete in one semester
BIOX7009	8	Major Research Project & Seminar	Internal	complete in one semester
BIOX7011	8	Major Research Project & Seminar	Internal	start semester 1, complete semester 2
BIOX7012	8	Major Research Project & Seminar	Internal	start semester 2, complete summer
BIOX7013	8	Major Research Project & Seminar	Internal	start summer, complete semester 1
BIOX7014	8	Major Research Project & Seminar	Internal	start semester 2, complete semester 1
BIOX7015	8	Major Research Project & Seminar	Internal	Part-time over four semesters
BIOX7021	16	Advanced Research Project & Seminar	Internal	start semester 1, complete semester 2
BIOX7022	16	Advanced Research Project & Seminar	Internal	start semester 2, complete summer
BIOX7023	16	Advanced Research Project & Seminar	Internal	start summer, complete semester 1
BIOX7024	16	Advanced Research Project & Seminar	Internal	start semester 2, complete semester 1
BIOX7025	16	Advanced Research Project & Seminar	Internal	Part-time over four semesters
BIOX7026	16	Advanced Research Project & Seminar	Internal	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

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.	

^{*} In exceptional circumstances approval may be given to enrol in a project course externally. The project must be approved by the Program Director and may require further Faculty and University approvals before permission will be granted to enrol. Please contact SCMB for more information - enquiries@scmb.uq.edu.au

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.

Any forms without supervisor/examiner signatures will not be accepted.

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STUDENT DETAILS School of Chemistry & Molecular Biosciences (SCMB) Given Name: Family Name: Course Code: Student No: Project Title: ☐ I understand that my research project must be submitted by the due date and time listed in the electronic course profile (ECP). ☐ I understand extensions will only be granted if they meet the UQ policy for Applying for an Extension outlined on the myUQ website. Student's signature Date..... PRIMARY PROJECT SUPERVISOR and RESEARCH GROUP LEADER **Primary Project Supervisor** Title: Dr/A. Prof/Prof (please circle) Name: School/Institute/Company and Laboratory Location: Primary location where the students will be located. Room Number, Building Name, Street Address, Suburb, State Email: **Phone Number:** ☐ IMPORTANT: I agree that the delivery mode nominated by the student is suitable for the nature of the project. If you are unsure regarding this, please contact enquiries@scmb.uq.edu.au for further information. ☐ I agree to supervise the above student and to supply a mark for the research seminar presentation and/or laboratory performance by the deadline provided by the School. ☐ I confirm the examiners I have nominated below are independent of my research group (including recent collaborations). Signed Date..... Research Group Leader Title: Dr/A. Prof/Prof (please circle) Name: ☐ I confirm the above supervisor is able to supervise this student in my research group. In the event of the above supervisor becomes unable to supervise (e.g. unplanned leave), I will assume the role of the primary supervisor. Supervisor to indicate – Is this an Industry related project? Yes □ No □ CO-SUPERVISOR/SECONDARY CONTACT Title and Name: School/Institute/Company: Email: Phone Number: Supervisors must appoint TWO examiners to mark the final assessment item. (Industry supervisors are only required to appoint one industry examiner to mark the final assessment item.) **EXAMINER 1** Title: Dr/A. Prof/Prof (please circle) Name: School/Institute/Company: Fmail: Phone Number: ☐ I agree to supply a mark for the student's final assessment item by the deadline provided by the School. ☐ I confirm I have had no recent collaborations with the supervisor and I am not part of the supervisor's research group. Signed..... **EXAMINER 2** Title: Dr/A. Prof/Prof (please circle) Name: School/Institute/Company: Email: **Phone Number:** ☐ I agree to supply a mark for the student's final assessment item by the deadline provided by the School. ☐ I confirm I have had no recent collaborations with the supervisor and I am not part of the supervisor's research group.

Signed.....