SCI505 - SCIENCE PRACTICUM APPROVAL FOR ENROLMENT

Student name:					
Student ID:	Student ema	Student email:			
Degree:					
State the Teaching Period f	or this enrolment:				
Does your program of study require this unit? Yes No					
Have you consulted with ar	n academic relevant to yo	ur discipline of y	our studies?	Yes	No
PART II: To be completed the student's academic to allocated correctly and any expeditiously.)	ranscript) (The School	requires the follo	owing information s	so that load	can be
Supervisor:					
Supervising School(s):					
Have you seen the student's academic transcript?				Yes	No
Does the student have the appropriate academic background for the proposed topic?				Yes	No
Have you discussed and agreed upon the requirements of Assessment 1?				Yes	No
Have you discussed and agreed upon the requirements of Assessment 2?				Yes	No
Are you able to provide adequate supervision over the period?				Yes	No
Briefly outline what the prac	cticum will involve (20 wo	rds or less):			
PART III: By signing thi			nfirm that the wor	rk to be	
Signatures:					
Student: Date					
Supervisor:			Date		
Course Coordinator:			Date		

PLEASE NOTE

This form should be returned to the Academic Manager in the School of Science and Technology upon completion, email admin-st@une.edu.au. Also, remember that you must enrol online into this unit. The validation of your enrolment will follow once this form is finalised.