



APPLICATION FOR TUM-UQ Joint Supervision Program

For doctoral candidates

PERSONAL INFORMATION	
Family name(s):	
First given name:	
Other given name(s):	
Title:	
Date of birth:	Passport Number:
Gender:	☐ Male ☐ Female ☐ Other
Email address:	
Alternative email address:	
Mobile/Cell phone:	
Other telephone:	
	en on your passport, or other official documentation. e you intend to check regularly. Correspondence regarding your application will be sent to
CITIZENSHIP AND RESIDENCY	
CITIZENSHIP AND RESIDENCY Country of citizenship:	
Country of citizenship:	
Country of citizenship: Country of birth:	
Country of citizenship: Country of birth:	
Country of citizenship: Country of birth: Country of current residence:	
Country of citizenship: Country of birth: Country of current residence: PERMANENT ADDRESS	
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Country of citizenship: Country of birth: Country of current residence: PERMANENT ADDRESS Provide a permanent address. Country: Address: City/Suburb:	

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MAILING ADDRESS (if different from permanent address)			
Country:			
Address:			
City/Suburb:			
State/Province:			
Post code:			
PERMISSION TO RELEASE INFOR	MATION		
I authorise the following person t	o access details regarding my application:		
Name:			
Relationship to you:			
You are not required to authorise but are welcome to do so.	the release of information or documents relating to your application to another person,		
CURRENT STUDY/RESEARCH DET	AILS		
5 1			
Research project title:			
Name of home department/institution/school:			
Name of home department/			
Name of home department/ institution/school:			
Name of home department/institution/school: Home institution Advisor: Date of enrolment/			
Name of home department/institution/school: Home institution Advisor: Date of enrolment/registration:			
Name of home department/institution/school: Home institution Advisor: Date of enrolment/registration: Intended completion date: DocGS Reference ID: (For TUM applicants only) Funding of the doctoral research	project project project at the chair, scholarship, external employment etc. – please explain briefly:		
Name of home department/institution/school: Home institution Advisor: Date of enrolment/registration: Intended completion date: DocGS Reference ID: (For TUM applicants only) Funding of the doctoral research			
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JOINT SUPERVISION DETAILS				
If you have previously been an applicant, student or member of staff of the exchange partner, please complete the following (if known):				
Student Number:	Staff Number:			
Joint Supervision Partner school/institute:				
Proposed Joint Supervision Partner Advisor:				
Research stay Commencement date:		Research stay Completion date:		
Describe the research you intend to conduct at the Joint Supervision partner. (max 200 words)				
Explain the methods of analysis you will use in your research. (max 100 words)				
Explain how your proposed research fits into your dissertation project and will advance it. (max 100 words)				
Do you have, or are you applying for funding to support this exchange? Please list funding source, amount and whether you have applied or have been successful.				
Doctoral candidates participating in the TUM-University of Queensland Joint Supervision Program have to meet the residence requirement of 12 months research stay at UQ in total before thesis submission. Please note that some Graduate Programs at TUM (e.g. IGSSE) provides own mobility funding options.				
Research candidates at UQ are enrolled through a <i>school or institute</i> for their program of study. Research study at UQ operates under four <i>research quarters</i> a year. It is preferred that candidates aim to start in January or July each year				
HEALTH COVER (OSHC)				
☐ I am a TUM doctoral candidate coverage for my entire stay at UQ.		earch at UQ for less than 12 week t section)	ks and I have a valid healthcare	
☐ I am a UQ student studying at may skip to the next section)	TUM and will be covered	by UQ's insurance policy for the	duration of my studies. (You	
I am a TUM doctoral candidate on exchange in Australia for more than 12 weeks and will be on a student visa, so require Overseas Student Health Cover. (you must complete the section below) An international doctoral candidate who will be studying/doing research at UQ on a student visa must maintain Overseas Student Health Cover (OSHC) for the duration of the student visa in Australia.				
UQ can organise visa-length cover	with its preferred provide	er on your behalf.		
TUM Doctoral Candidates only				
An international doctoral candidate who will be studying/doing research at UQ on a student visa must maintain Overseas Student Health Cover (OSHC) for the duration of the student visa in Australia				

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UQ can organise visa-length cover with its preferred provider on your behalf.			
I would like UQ to arrange:	 ☐ Single premium OSHC ☐ Dual family premium OSHC ☐ Multi-family OSHC 		
I do not want UQ to arrange:	☐ I will arrange my own health cover for the duration of my student visa.☐ I am covered by a government insurance scheme recognised by Australia.		
Single premium health cover is for yourself only; Dual family premium health cover is for yourself and one other dependent; Multi family premium health cover is for yourself and multiple dependents.			
You can arrange your own health cover through any government approved <i>OSHC provider</i> . If you arrange your own health cover you must provide us with a copy of the policy prior to accepting an offer to study at UQ. The policy document must include the policy start and end date, and the level of cover.			
The Australian government currently has a reciprocal student health cover arrangement with Belgium, Sweden and Norway. Further details can be found <i>here</i> , including restrictions for Swedish nationals.			

EVIDENCE AND DOCUMENTS

You are required to provide evidence and documentation to support your application, as follows:

- Academic record, including evidence of current doctoral studies/research.
- Academic CV
- Motivation letter (max. one page) explaining your interest in undertaking the TUM-UQ Joint Supervision Program.
- Evidence of English language proficiency (applies to applicants from TUM only)

Assessment may be delayed if your application is incomplete.

Once complete, sign the form and send a copy to your home institution Joint Supervision coordinator.

The University of Queensland Higher Degree Research Partnerships agreements@gradschool.uq.edu.au Technical University of Munich TUM Graduate School Mrs Zizheng Zhang zizheng.zhang@tum.de

SUBMISSION TERMS AND CONDITIONS

As the Applicant, I declare that:-

- 1. I have completed and hereby submit my Application in accordance with the information and explanatory notes provided;
- 2. the Application information is true, up to date and complete and is a full and frank disclosure of information pertinent to my enrolment/registration; and
- 3. there are no reasons (legal or otherwise) that would prevent me from submitting the Application information;
- 4. I have thoroughly discussed the research plan and schedule with both my supervisor and the proposed cosupervisor at the host university; and
- 5. I have thoroughly discussed the feasibility of the proposed research stay period(s) at the host university with both my supervisor and the proposed co-supervisor at the host university; and
- 6. there are no reasons (legal or otherwise) that would prevent me from meeting the residence requirement of 12 months in total at the host university; and

I further understand and agree that:

- 1. the Application information, when submitted to the University, becomes the property of the University and will not be returned to me;
- 2. I must promptly inform the University of:
 - o Any change to the Application information that may affect the Application; and
 - Any Application information that is or becomes false, incorrect, incomplete or misleading;

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- 3. should I become a student of the University, there is an ongoing obligation for me to provide and update the University with true, relevant and current information for the period of my enrolment;
- 4. the University limits and excludes its liability for loss of and errors in relation to Application information; and
- 5. the University may at any time reject or suspend the Application or may vary or cancel any decision (including any offer) it makes in relation to the Application if the University has reasonable grounds to believe any part of the Application information, or any declaration I have given, is or has become false, incorrect, incomplete or misleading;

I provide the University and its personnel (including contractors assisting the University) with permission to:

- 1. confirm my academic results as provided by me, from other institutions directly or through third parties, such as Qualsearch;
- 2. use and disclose the application information as the University requires for the purposes of administering the application (which includes storing, evaluating, verifying and otherwise processing the application information);
- 3. transfer the application information to, and receive it from, persons (including individuals, companies, government bodies and other entities) outside of Australia if I am outside of Australia or if the University requires for any purposes; and
- 4. take any lawful action they require if the application information is incorrect, untrue or misleading in any respect or is not up to date (including modifying information or taking legal or other action).

Giving false or misleading information is a serious offence under the Australian Criminal Code (Commonwealth).

PRIVACY STATEMENT

The information on this form is collected for the purpose of assessing your application for admission and scholarship. Information on this form may be disclosed to relevant bodies for the assessment or verification of the claims made in this application. Otherwise, the information you provide will not be disclosed to a third party without your consent, unless disclosure is authorized or required by law. For further information, please consult the *UQ Privacy Management Policy and TUM Privacy Policy*.

ENDORSEMENT			
I certify that I have read and agree to the Submission Terms and Conditions and the Privacy Statement:			
Print Name:	Signature:	Date:	

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INTERNAL USE ONLY

ENDORSEMENT – ADVISORY TEAM

- I endorse this applicant's request for admission to the Joint Supervision Program.
- I agree to support the applicant to carry out the agreed project and program, which is to be completed within the duration specified in this form (extensions will not be permitted).
- I certify that I have sufficient expertise, time and resources to be an advisor for this applicant. (host only)
- In all matters relating to this applicant's advisory team, I agree to be responsible to the Head of School/Institute

 Director/Department Dean and Dean of the UQ Graduate School, and to abide by UQ rules and policies / TUM rules and policies.
- I undertake to ensure that the applicant will obtain and comply with all necessary ethical clearance (if applicable) and other regulatory requirements.

CURRENT PRIMARY ADVISOR ENDORSEMENT

<u>Role</u>	<u>Institution</u>	<u>Name</u>	<u>Signature</u>	<u>Date</u>

EXCHANGE PARTNER PRIMARY ADVISOR ENDORSEMENT

Role	<u>Institution</u>	<u>Name</u>	<u>Signature</u>	<u>Date</u>

ENDORSEMENT – UQ POSTGRADUATE COORDINATOR (This section applies to UQ Staff only for incoming TUM candidates)

- I endorse this applicant's request for admission to the Joint Supervision Program
- I certify that the nominated advisor(s) have agreed to act as an advisor for this applicant, to be responsible to the Head of School/Institute Director and Dean of the Graduate School, and to abide by the relevant *UQ rules and policies* or *TUM rules and policies* as applicable.
- I agree to oversee the school/institute interactions with the doctoral candidate to comply with the requirements of the *Education Services for Overseas Students (ESOS) Act 2000 and the National Code*. (Applies to UQ staff only)
- I certify that the school/institute can provide all appropriate resources, including facilities, equipment, funding and advisory support, for the agreed project and program, which is to be completed within the duration specified in this form (extensions will not be permitted).

Role	<u>Institution</u>	<u>Name</u>	<u>Signature</u>	<u>Date</u>

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