Additional Information for Admission to the Doctorate of Veterinary Studies program

Please complete this form and submit together with your Application for Admission Form to the CSU Admissions Office

1. Studen	t Details										
Title	First Nam	ie			Last Na	ame					
Email											
2. Propos	sed Course Deta	ails									
Load	sed Godise Bet	Mode			E	Entry Te	erm [
3. Propos	ed Veterinary D	iscipline									
Choose											
4. Resear	ch Experience										
	be any previous res	earch experie	ence you hav	ve had and/	or post-g	raduate	traini	ng and/or	post	gradua	te degrees:
Comments:											
Have you ap	plied for a Postgrad	uate Scholars	ship from any	y other orga	nisation?	•	\bigcirc	Yes	\circ	No	If yes,
Comments:											

5 Deferences			
5. References Please provide the names and co	ntact details of two referees who can	comment on your ability to	undertake supervised post-
graduate professional training and		,,,,	
Name	Phone	Email	
Name	Phone	Email	
6. Supervision			
Have you discussed your researc	h area with a proposed Supervisor?	C Yes C	No If yes,
Title First Nam	е	Last Name	
School or Centre			
7. Your Signature			
Office using the button below. For more information please conta	ctronic form and requires your signar or any queries about the completion of act the Admissions Office or see the Idea of the	fthis form please contact th H <u>ow to Apply</u> page of the C	e <u>Research Office</u> . SU website.
Name	Signature		Date: