

SPECIAL REGISTRATION APPLICATION: ADVANCED RESEARCH FORM

*This form must be completed prior to registration in any of the following course units
and attached to the Semester Registration Sheet*

X8500 RESEARCH METHODOLOGY (9 credit points)
X9696 RESEARCH ESSAY (18 credit points) or X9690 RESEARCH ESSAY (36 credit points)
X8598 BMin (Hons) or BTh (Hons) THESIS (45 credit points)

Student Name: _____ **Student Number:** _____

Telephone Number and Email Address:

H/W/M: _____ **Email Address:** _____

I seek approval to register for the following course unit (code/title): _____

If seeking to register in a Research Essay please confirm that:

Your GPA is at least 1.8 (you have an average mark across all your units of at least 72%)

yes no (if no, you cannot register in this unit)

You have successfully completed the unit X8500 Research Methodology in the relevant discipline

yes no (if no, you cannot register in this unit)

You have completed at least 54 credit points towards your degree

yes no (if no, you cannot register in this unit)

You have completed at least 36 credit points in the discipline area in which you plan to write the essay

yes no (if no, you cannot register in this unit)

You are aware that Research Essay can take a maximum of one semester per 9 credit points

(i.e., two semesters max. for the 18 CP Research Essay or four semesters max. for the 36 CP Research Essay)

yes no (if no, you cannot register in this unit)

Discipline Area: _____

Proposed Topic: _____

Proposed Supervisor: _____

Please note that the supervisor must be an accredited teacher with the Sydney College of Divinity. Should the proposed supervisor not be a full time faculty member of CIS, the CIS Discipline Coordinator must approve them. The proposed supervisor's contact details must be listed below:

Semester/Year in which the course unit is intended to be commenced: _____

Signed: _____ **Date:** _____

APPROVALS

Proposed Supervisor: _____ **Date:** _____

CIS Discipline Coordinator: _____ **Date:** _____

CIS Research Committee Chair: _____ **Date:** _____

Academic Registrar: _____ **Date:** _____

Copies are to be kept by the Supervisor, the CIS Research Committee Chair, the CIS Subject Area Coordinator and the Original by the Registry Officer