

# **ANU College of Health and Medicine**

Research Project Summary Form								
1. Student Details								
Family name:		Given name:						
Phone No:		Date:						
ANU ID:		Degree:						
2. Research Project Deta	ails							
Course code:	Unit value:	Sem/Session: Year:						
Research School offering the topic:								
Research Project Title: This will appear on your transcript								
Research Project Supervisor:								
Name of co-marker: (Compulsory for all research projects)								
3. Brief Project Summa	<b>ry</b> (Provide an outline	e of the proposed special topic. Attach extra pages if necessary.)						
4. Anticipated Goals and	d Developmen	t of Skills (in line with Published Learning Outcomes)						



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## 5. Summary of Assessment

A research project is approx. 130 hrs of work. The due date should be prior to the end of the first week of the exam period for the relevant semester

Activity	%	Due date	Additional details (if necessary)
Oral Presentation			
Report			
Assignments**			
Lab work/Log book			

<sup>\*</sup> Detail only the activities that are relevant to your project

#### **SUMMARY FORMS ARE DUE WEEK 2**

## 7. Approvals

Role	Name (please print)	Signature	Date
Student			
Research Project Supervisor			
Discipline/Area Associate Director of Education			
College Delegate Authority			

### Instructions:

- 1. Submit an Enrolment Change form and the Summary form to the College Students Services Office, Ground Floor Peter Baume Building, #42 for approval by a Sub Dean, or by email to students.chm@anu.edu.au.
- 2. The College Student Services Office will email you with the outcome of the application.

## 8. Office use only:

Outcome emailed to student:	Student enrolled:	Transcript annotated:	Uploaded to ERMS:	Processed by:

Comments: (eg comment category, other information to be added to student record or unofficial transcript)

<sup>\*\*</sup> If more than one assignment is required, show breakdown