## Australian National University

# ANU College of Health and Medicine ANU College of Science

Special Topic Supplementary Form							
1. Student Details							
Family name:	Given name:						
Phone No:	Date:						
ANU ID:	Degree:						
2. Special Topic Details							
Course code: Unit value:	Sem/Session: Year:						
Research School offering the topic:							
Special Topic Title:							
Special Topic Supervisor:							
3. Brief Topic Summary (Provide an outline o	f the proposed special topic. Attach extra pages if necessary.)						
4. Anticipated Goals and Development of Skills (in line with Learning Outcomes)							
The Australian National University							

The Australian National University College of Health and Medicine College of Science The Australian National University Canberra ACT 2601 Australia

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CRICOS Provider Number: 00120C



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#### 5. Summary of Assessment

Activity	%	Linked Learning Outcomes	Due date	Comments

6. Grading Basis (This course will be graded unless there is justification for Course Requirements Satisfied)

### 7. Approvals

Role	Name (please print)	Signature	Date
Student			
Special Topic Supervisor			
Discipline Area Associate Director of Education			
College Delegate Authority			

#### Instructions:

1. Submit an Enrolment Change form and the Supplementary form to Science Central, Ground Floor Peter Baume Building, #42 for approval by a Sub Dean.

2. The College Student Administration 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)

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