MONASH University

Monash Research Graduate Centre
Application for Office Space 2008

Only doctoral and Masters by research candidates are eligible to apply. To ensure that everyone is given an opportunity to benefit from the centre's resources, students occupying offices may not be granted an extension after their allotted time if other students are waiting for an office.

Section 1: To be completed by applicant

Surname: _____ Given Name: _____

ID: _____ Course: _____

Course start date: _____ Course end date: _____

Expected submission date: _____

Monash email address: _____

What times do you expect to use the office? Please indicate by putting an X in the box below:

	9 am - 1 pm	1 pm - 5 pm	5 pm - 10 pm	10 pm - later
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

The information on this form is collected for the primary purpose of assessing your application for office space. Other purposes of collection include attending to administrative matters, corresponding with you and statistical analysis. If you choose not to complete all the questions on this form, it may not be possible for Monash Research Graduate School to assess your application. You have a right to access personal information that Monash University holds about you, subject to any exceptions in relevant legislation. If you wish to seek access to your personal information or enquire about the handling of your personal information, please contact the University Privacy Officer on 9905 6011.
I have read the conditions set out in the office policy provided and agree to abide by these in the event of being allocated office space in the Centre:

Applicant's signature: _____ Date: _____

Section 2: To be completed by main supervisor

I support the student's application for office space in the Centre and confirm that the candidate is currently at the beginning, middle or final stage of their candidature (Please circle).

Supervisor's name (Please print): _____

Supervisor's signature: _____ Date: _____

Contact Phone Number: _____

This completed form should be submitted to:

Monash Research Graduate Centre Supervisor

Building 3E, Wellington Rd, Clayton
Postal - Monash University, VIC 3800, Australia
Telephone + 61 3 9905 9976 Facsimile + 61 3 9905 5042

Email: mrgssupp@adm.monash.edu.au www.mrgs.monash.edu.au/

Date allocated Office: _____ End of Office Allocation: _____

Office No.: _____ Authorised by: _____ Signature: _____