

Supervision workload

For completion by Supervisors	
Student Name	
Student No	
Thesis Title	
Campus of Enrolment	Aquinas <input type="checkbox"/> MacKillop <input type="checkbox"/> McAuley <input type="checkbox"/> Mt St Mary <input type="checkbox"/> Signadou <input type="checkbox"/> St Patrick's <input type="checkbox"/>
Course	PhD <input type="checkbox"/> EdD <input type="checkbox"/> MEd (Research) <input type="checkbox"/> Full Time <input type="checkbox"/> Part time <input type="checkbox"/>
Workload agreement: Academic Year _____	
Principal Supervisor	_____ % RESP (Up to 75%)
Co-Supervisor	_____ % RESP (Up to 50%)
Signatures	
Principal Supervisor	Date: / / 20____
Co-Supervisor	Date: / / 20____
Candidate	Date: / / 20____
Heads of Schools	Date: / / 20____

A copy to be faxed to the Associate Dean (RRTP) on (07) 3623 7431 by the Head of School of the Principal Supervisor.
 Data entered in supervision Database.

November, 2007.