

Form A**Collaborative Doctoral Project Details / Application for Dual Doctoral Degree Program**

1. Project Student Details	
Family Name	
Given Name	
Country of Citizenship	
Address	
Email	

2. Institutions	
(a) Home Institution	
i. Student no. at Home Institution	
ii. Enrolment Status at Home Institution	
iii. Academic Unit (Faculty/School/Department)	
iv. Supervisor	
Name	
Position	
Full Contact Details	Email: Phone:
v. Designated Responsible Officer	
Name	
Position	
Full contact details	
(b) Host Institution	
i. Student no. at Host Institution	
ii. Application Status at Host Institution	
iii. Academic Unit (Faculty/School/Department)	
iv. Supervisor	

Name	
Position	
Full Contact Details	Email: Phone:
v. Designated Responsible Officer	
Name	
Position	
Full Contact Details	

3. Proposed Research	
(a) Proposed Thesis Title	
(b) Research Topic Description (Maximum 2 pages)	

4. Proposed Dates	
(a) Commencement of Concurrent Enrolment	
(b) Expected Dates at: Note: A minimum of 12 months must be spent at each institution.	
i. Home Institution	
ii. Host Institution	

5. Financial Commitments (visit and stay in Host Institute)	Details who will provide (Home/Host/Student)
(a) Scholarship living stipend i. Name of Scholarship ii. Institution providing Scholarship (Home/Host) iii. Amount	
(b) Tuition Fee	
(c) Health Insurance	
(d) Travel	

6. Ethics Provisions	
(a) Details of Ethics approvals	
i. Home Institution	
ii. Host Institution	

7. Special Conditions	
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8. Name of Award to be Conferred	
i. Home Institution	
ii. Host Institution	

9. Research Advisory Committee	
a) Home Institution	Member 1: Member 2: Supervisor:
b) Host Institution	Member 1: Member 2: Co-Supervisor:

Signed for and on behalf of

CURTIN UNIVERSITY OF TECHNOLOGY by Signature Name: Date:	INDIAN INSTITUTE OF TECHNOLOGY KHARAGPUR by Signature Name: Date:
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<p>Host Institution Supervisor I confirm that the particulars of this Form A are correct and hereby agreed.</p> <p>Signature:..... Date:.....</p>
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Full Name (please print):.....

Home Institution Supervisor:

I confirm that the particulars of this Form A are correct and hereby agreed.

Signature:..... Date:.....

Full Name(please print):.....

Program Student:

I confirm that the particulars of this Form A are correct and hereby agreed.

Signature:..... Date:.....

Full Name (please print):.....