**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 |  |

|  |  |
| --- | --- |
| 1. **Institutions** |  |
| 1. Home Institution |  |
| 1. Student no. at Home Institution |  |
| 1. Enrolment Status at Home Institution |  |
| 1. Academic Unit (Faculty/School/Department) |  |
| 1. Supervisor |  |
| Name |  |
| Position |  |
| Full Contact Details | Email:  Phone: |
| 1. Designated Responsible Officer |  |
| Name |  |
| Position |  |
| Full contact details |  |
| 1. Host Institution |  |
| 1. Student no. at Host Institution |  |
| 1. Application Status at Host Institution |  |
| 1. Academic Unit   (Faculty/School/Department) |  |
| 1. Supervisor |  |

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Full Contact Details | Email:  Phone: |
| 1. Designated Responsible Officer |  |
| Name |  |
| Position |  |
| Full Contact Details |  |

|  |  |
| --- | --- |
| 1. **Proposed Research** |  |
| 1. Proposed Thesis Title |  |
| 1. Research Topic Description   (Maximum 2 pages) |  |

|  |  |
| --- | --- |
| 1. **Proposed Dates** |  |
| 1. Commencement of Concurrent Enrolment |  |
| 1. Expected Dates at:     Note: A minimum of 12 months must be spent at each institution. | |
| 1. Home Institution |  |
| 1. Host Institution |  |

|  |  |
| --- | --- |
| 1. **Financial Commitments (visit and stay in Host Institute)** | Details who will provide (Home/Host/Student) |
| 1. Scholarship living stipend 2. Name of Scholarship 3. Institution providing Scholarship   (Home/Host)   1. Amount |  |
| 1. Tuition Fee |  |
| (c ) Health Insurance |  |
| (d ) Travel |  |

|  |  |
| --- | --- |
| 1. **Ethics Provisions** |  |
| 1. Details of Ethics approvals |  |
| 1. Home Institution |  |
| 1. Host Institution |  |

|  |  |
| --- | --- |
| 1. **Special Conditions** |  |

|  |  |
| --- | --- |
| 1. **Name of Award to be Conferred** |  |
| 1. Home Institution |  |
| 1. Host Institution |  |

|  |  |
| --- | --- |
| 1. **Research Advisory Committee** |  |
| 1. Home Institution | Member 1:  Member 2:  Supervisor: |
| 1. 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: |

|  |
| --- |
| **Host Institution Supervisor**  I confirm that the particulars of this Form A are correct and hereby agreed.  Signature:…………………………………………………………. Date:………………………………………………………… |

|  |
| --- |
| 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):……………………………………………………………………………………………………… |