



## Application for approval of masters by coursework programs for student income support

### APPLICATION COVER SHEET

|                   |  |
|-------------------|--|
| Institution name: |  |
| Postal address:   |  |

### Courses to be considered:

|              |  |
|--------------|--|
| Course name: |  |
| Course name: |  |
| Course name: |  |
| Course name: |  |
| Course name: |  |
| Course name: |  |

### Vice-Chancellor or authorised delegate

I verify that these applications meet the criteria set out in the Guidelines for the approval of masters by coursework programs for student income support payments (2010), and all of the information contained within this application is true and correct.

|  |                  |
|--|------------------|
|  | <b>Name</b>      |
|  | <b>Position</b>  |
|  | <b>Signature</b> |
|  | <b>Date</b>      |

- i** Individual course application forms for each masters by coursework program for which approval is sought should accompany the completed cover sheet.

*Applications must be provided in both hard copy and electronic format to the Department of Education, Employment and Workplace Relations.*

Email applications by the closing date to: [mastersapps@deewr.gov.au](mailto:mastersapps@deewr.gov.au)

The hard copy application should be mailed or preferably faxed to:

Fax (02) 6123 6098

Mail Masters Applications  
Income Support Programs Branch  
Location Code: C50MA3  
GPO Box 9880  
CANBERRA ACT 2601



## Application for approval of masters by coursework programs for student income support

### COURSE APPLICATION FORM

- i** This form must be completed for each masters by coursework program for which approval is sought. These should accompany the application coversheet completed by the Vice Chancellor or other authorised delegate.

### Course and contact details

|  |  |               |  |
|--|--|---------------|--|
| <b>Institution name:</b>                 |  |               |  |
| <b>Course name:</b>                      |  |               |  |
| <b>Course Code:</b><br>(HEIMS item E307) |  |               |  |
| <b>Faculty / School:</b>                 |  |               |  |
| <b>Contact name:</b>                     |  |               |  |
| <b>Position:</b>                         |  |               |  |
| <b>Phone:</b>                            |  | <b>Email:</b> |  |

- i** Please nominate a contact person who will be available during the assessment period to provide further information about the course content and about similar courses offered by the institution.

### Course description

|                          |                                    |                                    |
|--------------------------|------------------------------------|------------------------------------|
| <b>Length of course:</b> | Semesters                          | Years                              |
| <b>Study load:</b>       | <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time |

#### What are the educational prerequisites for students to gain entry to the course?

- i** Please provide a copy of the course outline (from the institution's website or course handbook) to verify educational prerequisites.

#### Description of the course:

- i** Please summarise the basic aims of the course and the broad areas the student must gain competency in to complete the course, including the compulsory units and electives.

## Evidence to support this application

### For what profession is this course a requirement?

- i** *Completion of the course must be the minimum requirement to gain entry to or employment in a specific profession.*

*Please attach evidence, such as job advertisements seeking applicants with a masters level qualification or information from the relevant professional association that confirms the qualification is required for entry to professional practice, membership or registration.*

### Which of the following criteria does the course meet?

- The course is required for entry to a profession
- The course is the fastest pathway to professional entry
- The course is the only pathway to professional entry provided by the institution following a restructure of existing course delivery

- i** *The course must meet at least one of the three criteria for approval, as stipulated in the Guidelines.*

### How does the course meet the criteria for the extension of Youth Allowance and Austudy?

- i** *Please provide details or an example.*

### What other pathways does the higher education provider offer for entry to this profession?

- i** *Are there other courses that a student could undertake at your institution that would provide a similar qualification? For example, a Graduate Certificate or a Graduate Diploma course in the same subject that has separate enrolment to the masters level course. Please provide course names and durations.*

### Has the course been accredited for professional practice by a professional body?

- Yes – formal accreditation  Yes – provisional accreditation

Details of the organisation / agency that has accredited this course:

Duration of the accreditation:

- No accreditation  Not applicable

- i** *If the course is accredited, please provide supporting information such as a letter from the accrediting organisation detailing accreditation or information from the accrediting organisation's website.*

### Additional information about the course to support this application: