**Special Studies Program (SSP) Application Form**

*Applications should be submitted by email to the Chair of Research Committee by 30 May (for SSP in the following calendar year).*

*Parts 1 and 2 should be completed before submission.*

**PART 1: To be completed by the applicant**

This application form is to be read in conjunction with the Special Studies Program Policy and Procedure.

**Personal Details**

**1**. Family Name

**2**. Given Name(s)

**3.** Title

**4.** Academic Level (A, B, C, D or E)

**5**. Position

**6**. School

**Information in Support of Application**

**7.** Proposed SSP dates (commencement and end date)

**8.** Outline your annual leave dates during SSP

**9.** Date of appointment to academic staff at Alphacrucis

**10.** Last SSP, where relevant

**11.** Where relevant, report from the last SSP must be attached to this application

**12.** Publications during the last four years (include full bibliographic details)

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**13.** Internal and external funding received in the last four years

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**HDR Supervision during SSP**

**14.** Please provide details of HDR candidates for whom you will be the supervisor at the time of commencement of the proposed SSP, and outline supervisory arrangements during SSP (e.g. if co-supervisors have agreed to supervise alone during your SSP)

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| **Name of Student** | **Program (e.g. DMin, PhD)** | **Expected Completion Date** | **Supervisory Arrangements during SSP** |
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**Other Sources of Support During SSP**

**15.** Provide details of any proposed fellowship or appointment while on SSP. Provide details of any expected financial support (including grants, fellowships, travel assistance, honoraria, etc)

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**16. In 2-3 sentences, briefly state the goals of your SSP**

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**17. What research outcomes will emerge from the proposed SSP?**

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**List of Expected Research Outputs**

Include a list of proposed research outputs, including titles, outlets, quality of the outlet (e.g. journal ranking) and planned submission dates.

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| **Proposed Title of Research Output** | **Research Outlet (journal, publisher, etc)** | **Quality of Outlet (e.g. journal ranking)** | **Planned Submission Date** |
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**18**. **Detailed Statement of proposed plans**

Attach a detailed statement (approx. 500-1000 words) of the activities which you intend to undertake during your SSP. What is your project? How will it advance your research goals and increase your standing in your field of expertise? You should also indicate where the SSP will be undertaken and justify the location/s.

**Capacity to Achieve the Proposed Outcomes of the SSP**

**19.** Provide evidence of your capacity to make effective use of the proposed SSP by reflecting on your academic performance over the past 4 years, and your research goals. Where relevant, you may include details of any career disruption or factors that may have affected your performance during this time. (250 words maximum)

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**20.** In the event of there being any variation to the above, I undertake to inform Alphacrucis immediately. I understand the expectation that I will continue to work for Alphacrucis for at least one year after the completion of any approved SSP.

.................................................................. Date: / /  
Signature of Applicant

**PART 2: To be completed by Head of School or Supervisor**  
  
**Recommendation of Head of School (or supervisor, for faculty not based in schools)**

**21.** Do you recommend this application? Why or why not?

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**22**. If there would be any additional cost to the School (or other organisational unit) resulting from the approval of this program, state the estimated cost and explain briefly how the applicant’s regular duties would be covered during the SSP period.

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Signature of Head of School or supervisor  
Date: / /

**PART 3: To be completed by Research Committee**

**Recommendation by Research Committee**

**23.** Does the Committee recommend this application? Why or why not?

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Signature of Chair of Research Committee (or deputy)

Date: / /

**PART 4: To be completed by Academic Board**

**Approval by Academic Board**

**24.** Does Academic Board approve this application?

Yes/No

**Other comments (optional)**

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Signature of Chair of Academic Board (or deputy)

Date: / /

**PART 5: To be completed by Executive**

**25.** Is the application approved by Executive?

Yes/No

**Other comments (optional)**

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Signature of Provost (or deputy)

Date: / /