

# CXS Project Application

## Contact Information

|                |  |
|----------------|--|
| Name           |  |
| Date of Birth  |  |
| Street Address |  |
| City Post Code |  |
| Home Phone     |  |
| Work Phone     |  |
| E-Mail Address |  |

## CXS Project of Interest

|                        |  |
|------------------------|--|
| Project Title          |  |
| University/Institution |  |

## Project Details

Briefly outline why you are interested in the CXS project you have chosen. (Details of project can be found in the scholarship section of the CXS website: [www.coecxs.org](http://www.coecxs.org) )

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## Academic Qualification

Please outline your academic qualifications which you believe demonstrate your suitability for this project.

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## Previous Experience

Please outline any previous experience you have which you believe supports your application for this project.

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## Essential Supporting Documentation

## Mark as Attached

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| Cover letter outlining your experience     |  |
| Current academic transcript                |  |
| A relevant and up to date Curriculum Vitae |  |
| Proof of residency or study visa details   |  |
| The details of two referees                |  |

## Agreement and Signature

By submitting this CXS project application, I affirm that the facts set forth in this document are true and complete. I understand that if I am accepted for a CXS project I will be subject to the enrolment rules, qualification criteria and any potential scholarship application process of the university or institution at which the CXS project is based. I understand that any false statements, omissions, or other misrepresentations made by me on this application may result in the immediate withdrawal of this application.

|                |  |
|----------------|--|
| Name (printed) |  |
| Signature      |  |
| Date           |  |

## Return this Application to:

Ms Tania Smith  
Chief Operating Officer  
ARC Centre of Excellence for Coherent X-ray Science  
University of Melbourne  
School of Physics  
Parkville VIC 3010  
[cxsenquiries@unimelb.edu.au](mailto:cxsenquiries@unimelb.edu.au)

TEL: 03 8344 5444