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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL DETAILS OF STUDENT** | | | | | | | | |
| **Student’s Name:** |  | | | | | | | |
| **Title: Mr, Ms, Mx etc.** |  | | | | | | | |
| **Student’s Irish Home Address:**  ***Not to be a Department address*** |  | | | | | | | |
| **Student’s Personal Public Service Number (PPS)** |  | | | | | | | |
| **Telephone number:** |  | | | | | | | |
| **Date of Birth:** |  | | | | | | | |
| **TCD Student Email address**  ***Not to be a staff email address*** |  | | | | | | | |
| **Date of Registration: (Current academic year) *Students must be full time and registered for a higher degree before a stipend can be paid.*** |  | | | | | | | |
| **Department:** |  | | | | | | | |
| **Student’s Supervisor:** |  | | | | | | | |
| **Stipend Sponsoring Body:** |  | | | | | | | |
| **Stipend Sponsoring Body 2:**  **(If more than one)** |  | | | | | | | |
| **Stipend amount per annum** | € Per Annum | | | | | | | |
| **Stipend amount per month**  ***Please state the stipend amount per month if the payment is to be made over a shorter period than 12 months*** | € Per Month | | | | | | | |
| **Stipend Payment dates** | **Start Date** |  | | **Termination Date** | | |  | |
| **Research Codes** | **Organisation No/ Cost Centre** | **Project No:** | **Task No:** | | **Award No:** | **Expenditure Type** | | **% to be charged** |
|  |  | 01 | |  | N/A | |  |
|  |  | 01 | |  | N/A | |  |
|  |  | 01 | |  | N/A | |  |
| **GL CODES:** | **GL Cost Centre** | **GL Activity** | **GL Source of funds**  **3100 or 1212** | | | **GL Expense code** | | **% to be charged** |
|  |  |  | | |  | |  |
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| **CHECKLIST**  **PLEASE ENSURE THAT ALL OF THE DOCUMENTS LISTED ARE SENT WITH THIS PROPOSAL FORM BY EMAIL TO** [**HRPOSTGRADMONTHLYSTIPEND@TCD.IE**](mailto:hrpostgradmonthlystipend@tcd.ie)  **(Incomplete Applications will be rejected)** | |
|  |  |
|  | Completed Scholarship Exemption Form Signed and dated by the Student |
|  | Completed Bank Mandate Form signed and dated by the Student (*email to payrollservices@tcd.ie)* |
|  | I confirm that the above Coding (Account numbers) on Page 1 are valid and correct |
|  | Please tick if the student is not a registered student to TCD and needs a Visiting Student Card |
|  | Please state the name of the student’s home university here: |

**Academic Fees (For Audit Purposes Only)**

Please note Human Resources **DO NOT** facilitate the payment of fees.

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| **Are Academic fees paid as part of this scholarship from the same account** | **YES:** |  | **No:** |  |
| **Academic Fees Per annum** | € | | | |
| **Total annual value of Stipend and Fees** | € | | | |
| Details of fee values and the process for paying PhD fees from a Research Account can be found at the following link:  <https://www.tcd.ie/academicregistry/> | | | | |

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| **Grant Holder/ Principal Investigator Name: Please print Name** |  | Date: |
| ***Grant Holder/ Principal Investigator Signature:*** |  |
| **Head of School Name: Please print Name** |  | Date: |
| ***Head of School Signature :*** |  |



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