

THE UNIVERSITY OF DUBLIN
TRINITY COLLEGE

PROPOSAL FORM
GRADUATE STUDENT
NEW/ EXTENSION/ AMENDMENT
[Please delete as appropriate]

ALL SECTIONS MUST BE COMPLETED

SECTION 1 - RESEARCH GRANT

DEPARTMENT:

GRANT HOLDER:

GRANT TITLE & NO.:

SPONSORING BODY:

SPONSORING BODY 2:
(IF MORE THAN ONE)

SECTION 2: GRADUATE STUDENT

SUPERVISOR:
(STUDENT'S)
DATE OF REGISTRATION :*(FOR HIGHER DEGREE)*

SECTION 3 - PERSONAL DETAILS OF NOMINEE

SURNAME: FIRST NAME:

TITLE:

ADDRESS FOR CORRESPONDENCE:
.....

DATE OF BIRTH:

PPS No: *(IF KNOWN)*.....

SECTION 4 - FINANCIAL DETAILS

DATE OF APPOINTMENT:
From:/...../..... *To:*/...../.....

STIPEND: €PER ANNUM *(PAID MONTHLY)*

Signed. _____ *Grant Holder*

_____ *Head of School*

_____ *Date*