# Graduate Student Proposal Form

#### NEW/ EXTENSION/ AMENDMENT *[Please delete as appropriate*]

## ALL SECTIONS MUST BE COMPLETED

|  |  |
| --- | --- |
| **Section 1 – Research Grant** |  |
| Department |  |
| Grant Holder |  |
| Sponsoring Body |  |
| Sponsoring Body 2 (if more than one) |  |
|  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Research Codes** | Project No | Organisation | Expenditure Type | Task No | Award No | % to be Charged |
|  |  |  | 01 |  |  |
|  |  |  | 01 |  |  |
|  |  |  | 01 |  |  |
|  |  |  |  |  |  |  |
| **GL Codes** | GL Cost Centre | GL Activity | GL Source of Funds | GL Expense Code | % to be Charged |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| I am satisfied that the above coding is valid and correct |  |  |

|  |  |
| --- | --- |
| **Section 2 – Graduate Student** |  |
| Supervisor (student’s) |  |
| Date of Registration (for higher degree) |  |
|  |  |

|  |
| --- |
| **Section 3 – Personal Details of Nominee** |
| Surname |  | First name |  |
| Title |  |  |
| Irish Home Address for correspondence |  |
|  |  |
|  |  |
|  |  |
| TCD Email Address |  |
| Date of Birth |  |
| PPS Number (Mandatory) |  |
|  |  |

|  |
| --- |
| **Section 4 – Financial Details** |
| Date of Appointment | From |  / /  | To |  / /  |
| **Details of Scholarship** |
| 1. **Stipend**
 | € | Per annum (paid monthly) |
| Are academic fees to be paid from the research contract as part of the Scholarship? | Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_ |
| If Yes what are the value of the 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/> |
| 1. **Academic Fees**
 | € | Per annum\*  |
|  |  |  |
| **Total Annual Value of Scholarship / Student remuneration (A+B)** | € |  |

[Scholarship Exemption Declaration Form](http://www.tcd.ie/hr/assets/pdf/scholarship_exemption_declaration_form.pdf)

***Signed:*** ***Grant Holder***

 ***Head of School***

 ***Date***

\* Please note: Academic Fees are reviewed annually by the Finance Committee and may be subject to change. Included here should be the fee pertaining to the first year of the Scholarship. The value of the Scholarship in future years may change depending on the level of academic fees.