**Graduate Student Proposal Form**

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| **INFORMATION FOR DOCTORAL STUDENTS**  **How to Complete the Graduate Student Proposal Form?**   * Students should fill out Sections A and B. * School will complete Sections C and D.   **Who should I send the completed form to?**  Students should submit the completed Sections A and B, along with the completed Scholarship Exemption Declaration Form, to the school administrative officer.  Once the School has completed Sections C and D and validated the data provided, the school staff member is responsible for submitting the completed form, along with the completed Scholarship Exemption Declaration Form, to Human Resources (HR).  **Who should I contact if I experience difficulties completing this form?**  If you're unsure about how to complete the form, please contact your supervisor or the school administrative officer. |

| **SECTION A (To be completed by the student): PERSONAL DETAILS OF STUDENT** | |
| --- | --- |
| **Student’s Full Name** |  |
| **Student’s ID Number** |  |
| **Title: Mr, Ms, MX etc.** |  |
| **Student’s Irish Home Address** |  |
| **Student’s Personal Public Service Number (PPS)** |  |
| **Telephone number** |  |
| **Date of Birth** (in the format dd/mm/yyyy) |  |
| **Student’s TCD Email address**  *If the student does not have access to their TCD email, the school must complete this section before submitting the form to HR.* |  |
| **Student’s School / Discipline** |  |
| **Name of Student’s Principal Supervisor** |  |

| **SECTION B (To be completed by the student): FUNDING AND STIPEND DETAILS** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Stipend Sponsoring Body:** |  | | | | | | | |
| **Stipend Sponsoring Body 2:**  **(If more than one)** |  | | | | | | | |
| **Stipend Amount**  **(Per annum or total Amount if less than 12 months)** |  | | | | | | | |
| **Stipend amount (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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| **SECTION C (To be completed by Trinity Staff): APPROVALS AND DECLARATIONS** | | |
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| **Grant Holder/ Principal Investigator Name: Please print Name** |  | **Date:** |
| **Grant Holder/ Principal Investigator Signature:** |  |
| **Head of School / Department Name (Please print Name)** |  | **Date:** |
| **Head of School / Department Signature** |  |

| **SECTION D (To be completed by the student): 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. | | |
|  | I confirm that the above student number is correct. | | |
|  | I confirm that the student has provided their Irish home address. | | |
|  | I confirm that the above Student’s TCD Email Address is valid and complete.  (Verify if it matches the student’s email address on the student record on my.tcd.ie portal) | | |
|  | I confirm that all the information in “*SECTION B: FUNDING AND STIPEND DETAILS”* on the form are valid and complete. | | |
|  | I confirm that the stipend Start date and termination date on the Graduate Student Proposal Form matches with those in the Scholarship Exemption Declaration Form. | | |
|  | I confirm that the form has been reviewed and signed off by both the Supervisor/Principal Investigator and the Head of School. | | |
|  | I confirm that the student has been admitted to the full-time PhD register. | | |
| **Validated by: (Please print Name of school staff member)** | |  | **Date:** |