



Graduate Student Proposal Form

INFORMATION FOR DOCTORAL CANDIDATES

How to Complete the Graduate Student Proposal Form?

- Students should fill out Sections A and B.
- School will complete Sections C and D.

Where should the form be submitted?

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	Peter McCarthy
Student's ID Number	12345678
Title: Mr, Ms, MX etc.	Mr.
Student's Irish Home Address	12 Vesta Gardens, Dublin Ireland D18 V56
Student's Personal Public Service Number (PPS)	1234567A
Telephone number	0891234567
Date of Birth (in the format dd/mm/yyyy)	29/01/1987
Student's TCD Email address <i>If the student does not have access to their TCD email, the school must complete this section before submitting the form to HR.</i>	PMCCAR@TCD.IE
Student's School / Discipline	School of Natural Sciences / Botany
Name of Student's Principal Supervisor	Professor Connor White



SECTION B (To be completed by the student): FUNDING AND STIPEND DETAILS

Stipend Sponsoring Body:	Research Ireland					The stipend sponsoring body is same as the organization that granted you the award. Your supervisor will let you know who this is. If you're unsure, please check with your supervisor.	
Stipend Sponsoring Body 2: (If more than one)							
Stipend Amount (Per annum or total Amount if less than 12 months)	€ 25,000 Per Annum		The amount will be communicated by the supervisor. If you're still unsure, contact your supervisor for clarification.				
Stipend amount (per month)	€ 2083.33		To calculate the monthly stipend, divide the total annual stipend amount indicated above by the number of months over which the stipend is awarded within the academic year. For example, if the stipend is €25,000 awarded over 12 months, the monthly amount would be €2,083.33				
Stipend Payment dates	Start Date	01/09/2025	Termination Date	31/08/2029			
If your course starts in September, your stipend start date should be 1st September of that year (e.g. 1st September 2025). If course starts in March, the stipend start date should be 1st March (e.g. 1st March 2026), unless your supervisor or school administrator has advised a different stipend start date.			If the stipend start date is 01/09/2025 and the stipend is awarded for a total duration of 48 month. Then your Stipend Termination Date should be 31/08/2029.				
Research CODES	Organisation No/ Centre	Cost	Project No	Task No	Award No:	Expenditure Type	% to be charged
	1234		212345	01	12345	N/A	
				01		N/A	
				01		N/A	
GL CODES	GL Cost Centre	GL Activity	GL funds	Source of funds	GL Expense code	% to be charged	
	4321	1234567	3100		N/A		

SECTION C (To be completed by Trinity Staff): APPROVALS AND DECLARATIONS

Grant Holder/ Principal Investigator Name: Please print Name	John Smith	Date:26/06/2025	To be completed and signed Principal Investigator (often your supervisor)
Grant Holder/ Principal Investigator Signature:	<i>John Smith</i>		
Head of School / Department Name (Please print Name)	Michal O Hara	Date:02/07/2025	To be signed off by the Head of the School/Discipline
Head of School / Department Signature	<i>Michal O Hara</i>		

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 HRPOSTGRADMONTHTLYSTIPEND@TCD.IE
 (Incomplete Applications will be rejected)

<input type="checkbox"/>	Completed Scholarship Exemption Form Signed and dated by the student.	
<input type="checkbox"/>	I confirm that the above student number is correct.	
<input type="checkbox"/>	I confirm that the student has provided their Irish home address.	
<input type="checkbox"/>	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)	
<input type="checkbox"/>	I confirm that all the information in "SECTION B: FUNDING AND STIPEND DETAILS" on the form are valid and complete.	
<input type="checkbox"/>	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.	
<input type="checkbox"/>	I confirm that the form has been reviewed and signed off by both the Supervisor/Principal Investigator and the Head of School.	
<input type="checkbox"/>	I confirm that the student has been admitted to the full-time PhD register.	
Validated by: (Please print Name of school staff member)		Timon Darchy
Signature:		<i>Timon D</i>
		Date: 26/06/2025

The checklist needs to be validated and signed off by the school staff member before submitting the form to HR.