



**HIGHER DEGREE RESEARCH & RESEARCH TRAINING PROGRAM  
SCHOLARSHIP SCHEMES LIVING ALLOWANCE (STIPEND) CLAIM FORM**

Complete and return this form to the HDR Scholarships Officer, Higher Degree Research Office,  
Macquarie University, NSW 2109, **on or after the date of commencement or recommencement of study.**

Ms <input type="checkbox"/> Mr <input type="checkbox"/>																																									
Mrs <input type="checkbox"/>																																									
Other: _____	_____																																								
Family Name	Given Names																																								
Student Number <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																					Staff Number <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> <i>- If previously employed by the University</i>																				
Address: _____																																									
Telephone: _____																																									
Email: _____																																									
Date of Birth:        /        /	Australian citizen <input type="checkbox"/> Australian PR <input type="checkbox"/>																																								
	Other <input type="checkbox"/> Country of citizenship: _____																																								
<b>INTERNATIONAL CANDIDATES MUST FILL IN THIS SECTION</b>																																									
Passport Details: Passport No: _____	Expiry Date:        /        /        Place of Issue: _____																																								
Visa Details: Visa No: _____	Expiry Date:        /        /        Visa Type: _____																																								
My Scholarship is: RTP <input type="checkbox"/> iRTP <input type="checkbox"/> MQRTP <input type="checkbox"/> iMQRTP <input type="checkbox"/> Other <input type="checkbox"/> _____	(please specify)																																								
i/MQRTPMRES Year 1 <input type="checkbox"/> i/MQRTPMRES Year 2 <input type="checkbox"/>																																									
I will enrol/am enrolled for the degree:																																									
PhD <input type="checkbox"/> MPhil <input type="checkbox"/> BPhil/MRes <input type="checkbox"/> MRes <input type="checkbox"/>	Faculty: _____																																								
Department/Centre: _____	Office Use Only: Code M _____ Z																																								
I commenced/ recommenced/ will commence my scholarship on: <i>(circle one)</i>	Office Use Only:																																								
Date:        /        /        For Cotutelle/Joint, this visit ends:        /        /	End date:        /        /																																								
<b>SUPERVISOR</b> <i>(The supervisor must sign this section to confirm the date of commencement.)</i>																																									
Name: _____	Signature: _____																																								
<b>BANKING DETAILS</b> Payments are made fortnightly into your account.																																									
Name of Bank/Credit Union: _____	Branch(BSB) No: <i>(6 digits)</i> _____																																								
Name in which account held: _____	Account No.: _____																																								
<b>AGREEMENT AND DECLARATION</b>																																									
I declare that the information supplied by me on this form is complete, true and accurate in every particular. I agree to repay any allowance overpaid to me through my failure to comply with the regulations relating to Postgraduate Awards or from any other cause. I am aware of the provisions of the Conditions of Award, especially those which relate to the notification to an authorised person of any matter likely to affect the stipend payable to me. I acknowledge that my acceptance of each payment will constitute acceptance by me of all relevant conditions attaching to such payment. I acknowledge as a scholarship recipient I acknowledge as a scholarship recipient I am enrolled full time (unless part-time granted), internal attendance basis and onsite enrolment. I accept that my scholarship will be terminated if I reside outside the wider Sydney Metropolitan area at any time during my candidature.																																									
Signature of award holder: _____	Date:        /        /																																								
<b>OFFICE USE ONLY</b>	MQR01 (FT) <input type="checkbox"/> MQR03 (PT) <input type="checkbox"/> CRTP1(FT) <input type="checkbox"/> CRTP3 (PT) <input type="checkbox"/> CRTP5 (FT) <input type="checkbox"/> CRTP6 (PT) <input type="checkbox"/> MRES1 (Yr1 FT) <input type="checkbox"/> MRES3 (Yr1 PT) <input type="checkbox"/> MRES2 (Yr2 FT) <input type="checkbox"/> MRES4 (Yr2 PT) <input type="checkbox"/>																																								
Rate: per annum \$ _____ Lump sum amt \$ _____	Tax Exempt <input type="checkbox"/> Taxable <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/>																																								
Account: _____ / _____ / 2014	Authorising Officer _____ Date:        /        /																																								