

# HDR Completion Scholarship Living Stipend Application Form

Higher Degree by Research Students

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- To determine if you are eligible to apply for a Completion Scholarship, please check your Scholarship Letter of Offer and/or the Conditions of Award (CoA).
- PhD students may apply for a maximum Living Stipend Completion Scholarship of up to 6 months as approved by the Associate Deputy Vice-Chancellor, Research Excellence on a case by case basis.
- No Completion Scholarships are available for students enrolled in a Masters by Research.
- Please submit this form no sooner than six (6) months before the Scholarship end date and no less than four weeks prior to the end date of your existing Scholarship expires.
- Only in exceptional circumstances will a retrospective Completion Scholarship be considered. Students must demonstrate exceptional circumstances and provide a letter of support from the Supervisor for a late application.
- Please return the completed form to the Graduate Research School at [ROC.GRS@curtin.edu.au](mailto:ROC.GRS@curtin.edu.au)

## Student Details

STUDENT ID	SURNAME	GIVEN NAME/S
<input type="text"/>	<input type="text"/>	<input type="text"/>

COURSE TITLE (e.g. PhD Public Health)

## Current Scholarship Details

NAME OF CURRENT SCHOLARSHIP (e.g. CIPRS/RTP/APA)

START DATE	END DATE	STUDY MODE: <input type="checkbox"/> Full Time OR <input type="checkbox"/> Part Time
<input type="text"/>	<input type="text"/>	

Have you previously been award an extension or completion scholarship? Yes  No

If YES, please specify the duration in months of the previous extension

How long in months are you requesting a Completion Scholarship for:  (max. 6 months)

What is the date you intend to submit your thesis?

Please detail your current course progress and the research related grounds which have been beyond your control that have prevented your PhD completion by the conclusion of your current scholarship. Personal reasons are not accepted for this purpose. Please outline an action plan to complete the thesis by the conclusion of any granted Completion Scholarship.

*(Attach separate page if required)*

I certify that the information supplied by me on this form is complete and true. I have read the relevant sections of the Conditions of Award for my scholarship.

Student Name

SIGNATURE

DATE

### Supervisor Supporting Statement

Please provide a statement below supporting this student's application for a Completion Scholarship.

*(Attach separate page if required)*

Primary Supervisor Name

SIGNATURE

DATE

### Funding Confirmation (to be completed by the Supervisor)

The student is currently receiving:  Base stipend  Top up stipend

Normally completion scholarships will be funded by the same source as the original scholarship. In some cases where there is no further funding provisions the ADVCRE may approve funding from an alternative source.

Please indicate below where the funding for the completion scholarship is being sought from:

Base stipend:  N/A  Research Grant  External Funder  Faculty/School  ROC

Top up stipend:  N/A  Research Grant  External Funder  Faculty/School  ROC

**IMPORTANT:** Where the stipend/s are funded by an External Funder please attached evidence of the funder's approval to extend the stipend/s for the duration of the Completion Scholarship.

Completion Scholarship Base Stipend cost center:

Completion Scholarship Top Up stipend cost center:

Head of enrolling Area

SIGNATURE

DATE

### Approval

APPROVED

DECLINE

ADVCRE (or Delegate) Name

SIGNATURE

DATE