

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



**MACQUARIE**  
University  
SYDNEY - AUSTRALIA

Please return the completed form to the Higher Degree Research Office – HDR Management Team (Scholarships)  
Level 3 (East), 17 Wally's Walk or via email to [hdrschol@mq.edu.au](mailto:hdrschol@mq.edu.au).

<b>PERSONAL DETAILS</b> – Please complete this section as per your passport							
<b>TITLE:</b>		<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other:		<b>DATE OF BIRTH</b> (DD/MM/YYYY):			
<b>STUDENT ID:</b>				<b>STAFF ID</b> (if applicable):			
<b>GIVEN NAME(S):</b>				<b>SURNAME:</b>			
<b>EMAIL</b> (MQ preferred):				<b>PHONE:</b>			
<b>ADDRESS:</b>							
<input type="checkbox"/> <b>DOMESTIC - AUSTRALIAN CITIZEN / AUSTRALIAN PR / NEW ZEALAND CITIZEN</b> (Australian PR, please provide passport and visa details)							
<input type="checkbox"/> <b>INTERNATIONAL</b>		<input type="checkbox"/> <b>CANDIDATE PLEASE ATTACH PASSPORT COPY</b>		<b>COUNTRY OF CITIZENSHIP:</b>			
<b>PASSPORT NO:</b>				<b>COUNTRY OF ISSUE:</b>			
<b>VISA NO:</b>				<b>VISA TYPE:</b>			
<b>EXPIRY DATE:</b>				<b>EXPIRY DATE:</b>			
<b>MY SCHOLARSHIP IS:</b>		<input type="checkbox"/> RTP <input type="checkbox"/> iRTP <input type="checkbox"/> MQRES <input type="checkbox"/> iMQRES <input type="checkbox"/> Other (please specify): <input type="checkbox"/> BPhil/MRes Y1 <input type="checkbox"/> MQRES MRES Y2 <input type="checkbox"/> iMQRES MRES Y2 <input type="checkbox"/> RTP MRES Y2 <input type="checkbox"/> iRTP MRES Y2					
<b>MY DEGREE IS:</b>		<input type="checkbox"/> PhD <input type="checkbox"/> MPhil <input type="checkbox"/> BPhil/MRes Year 1 <input type="checkbox"/> MRes Year 2					
<b>FACULTY:</b>		<input type="checkbox"/> Arts <input type="checkbox"/> Business & Economics (including MGSM) <input type="checkbox"/> Human Sciences <input type="checkbox"/> Science & Engineering <input type="checkbox"/> Medicine & Health Sciences					
<b>DEPARTMENT/CENTRE:</b>							
<input type="checkbox"/> <b>I COMMENCED / WILL COMMENCE MY SCHOLARSHIP ON</b> (DD/MM/YYYY):							
<input type="checkbox"/> <b>I RECOMMENCED MY SCHOLARSHIP FROM SOA ON</b> (DD/MM/YYYY):							
<b>COTUTELLE/JOINT ONLY, THIS VISIT ENDS ON</b> (DD/MM/YYYY):				<b>OFFICE</b> M _ _ _ _ Z		<b>USE ONLY: END DATE:</b>	
<b>AWARD HOLDER BANKING DETAILS:</b> Payments are made fortnightly into your account							
<b>NAME OF BANK/CREDIT UNION:</b>						<b>BRANCH (BSB) No.:</b>	
<b>NAME IN WHICH ACCOUNT HELD:</b>						<b>ACCOUNT No.:</b>	
<b>SUPERVISOR</b> The supervisor must sign to confirm the date of commencement, this is not required for BPhil/MRes Y1 candidates							
<b>NAME:</b>				<b>SIGNATURE:</b>		<b>DATE:</b> (DD/MM/YYYY)	
<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 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.							
<b>SIGNATURE OF AWARD HOLDER:</b>						<b>DATE:</b> (DD/MM/YYYY)	
<b>OFFICE USE ONLY</b>		<input type="checkbox"/> MQR01 (FT) <input type="checkbox"/> CRTP1 (FT) <input type="checkbox"/> CRTP5 (FT) <input type="checkbox"/> MRES1 (Y1 FT) <input type="checkbox"/> MRES2 (Y2 FT)		<input type="checkbox"/> Not Indexed <input type="checkbox"/> Y Domestic eligibility confirmed & documentation sighted		<input type="checkbox"/> MQR03 (PT) <input type="checkbox"/> CRTP3 (PT) <input type="checkbox"/> CRTP6 (PT) <input type="checkbox"/> MRES3 (Y1 PT) <input type="checkbox"/> MRES4 (Y2 PT)	
<b>RATE:</b>		<input type="checkbox"/> Per annum <input type="checkbox"/> Lump Sum		<b>\$</b>		<b>ACCOUNT:</b>	
		<input type="checkbox"/> Tax Exempt <input type="checkbox"/> Taxable		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time			
<b>HDRO CHECKLIST</b>		<input type="checkbox"/> Email to HR <input type="checkbox"/> Y Stdnt Comment		<input type="checkbox"/> Fund Sources <input type="checkbox"/> Docs		<b>AUTHORISING OFFICER &amp; DATE:</b>	
		<input type="checkbox"/> HR confirmed <input type="checkbox"/> Y <input type="checkbox"/> NA Sponsor SSD		<input type="checkbox"/> Budget Financials <input type="checkbox"/> Allocation Log			
		<input type="checkbox"/> Truth <input type="checkbox"/> Y <input type="checkbox"/> NA Parent SSP		<input type="checkbox"/> Significant Dates <input type="checkbox"/> Y <input type="checkbox"/> NA Opal			