

**Faculty of Medicine and Health**

**Application for Higher Degree Research (HDR) Candidate**

**Finance and Resource Support**

|  |  |
| --- | --- |
| Student Name: |  |
| Student Number: |  |
| UNE Student Email Address: |  |
| Telephone Number: |  |
| Name of School: (please tick box) | Health [ ]  | Pharmacy [ ]  |
| Psychology [ ]  | Rural Medicine [ ]  |
| Principal Supervisor’s Name: |  |
| Funds requested: | $ |
| Items being purchased: |  |
| Justification: |  |
| Has Confirmation of Candidature been completed? | Yes [ ]  | No [ ]   |
| Does this request meet the current HDR Candidate Finance and Resources Support Guidelines for the Faculty of Medicine and Health?  |  |
| Current Balance of Account:(Faculty Research Office use only) | $ |

**Certification by Student/Application:**

Applicants Digital Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approved by Principal Supervisor:**

Please attach email approval from your Principal Supervisor Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please submit your application as an attachment to** **hdr-mh@une.edu.au** **using the following naming convention when the document is saved and on the return email subject line:**

**HDR FUNDING REQUEST - Student number – Surname Given Name – School Name, for example:**

**HDR FUNDING REQUEST – 123456 – Smith John – School of Health**