

**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**](mailto: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**