APPLICATION FORM FOR THE RESEARCH SUPPORT SCHEME

NAME: ........................................................................................................................................

EMAIL: .......................................................... PHONE: .............................................

☐ STAFF LEVEL .................................. ☐ PHD STUDENT ☐ MPHIL STUDENT

TYPE OF SUPPORT ☐ SEMINAR ☐ CONFERENCE & TRAVEL

☐ MAJOR GRANTS (non-allowable expenses) YEAR OF AWARD: ....................

GRANT NAME: ........................................................... GL PROJECT: ...........................

REQUEST FOR FUNDING

SHORT DESCRIPTION AND OUTCOMES

BUDGET

(Please use discounted airfare rate)
SELECTION CRITERIA

Explain how you fit the selection criteria. Please cover all aspects of the selection criteria.

☐ I have used or committed all other possible sources of funding, including consultancy (Ledger 5) accounts

☐ For travel and conference and seminar support, report will be submitted within 4 weeks completion of activity

SIGNED: ........................................................................................................................................

If you are a MPhil or PhD student, please have the form signed by your supervisor.

SUPERVISOR: ........................................................................................................................................

RECEIVED ALL APPLICATIONS SHOULD BE SENT TO MS-RSS@UNIMELB.EDU.AU

ASO: .......................................................... DATE: ..............................................

COMPLETION REPORT .................................................. DATE: ..............................................

APPROVED

☐ PGC: .......................................................... DATE: ..............................................

☐ R&I: .......................................................... DATE: ..............................................

☐ HOS: .......................................................... DATE: ..............................................

PROCESSED

☐ MSO/MA:.......................................................... DATE: ..............................................