



VARIATION TO HDR SCHOLARSHIP FUNDING

This form is for changes to funding details for HDR scholarships, including change of stipend rate, change of account details, extension of Ad Hoc Scholarship end dates and stop payments.

1. STUDENT DETAILS:

Full Name: _____ Student ID: _____

Enrolling School(s): _____

Scholarship Name _____

Supervisor Name: _____

2. TYPE OF CHANGE:

STIPEND RATE

Current Rate: \$ _____ per annum

New Rate: \$ _____ per annum

Effective Date: _____

EXTENSION OF SCHOLARSHIP

Extend From Date: _____ New Expiry Date: _____

STOP PAYMENT

Effective Date: _____

ACCOUNT DETAILS

Current Business Unit and Project Grant 1:

--	--

 split _____ %

Current Business Unit and Project Grant 2:

--	--

 split _____ %

NEW Business Unit and Project Grant 1:

--	--

 split _____ %

NEW Business Unit and Project Grant 2:

--	--

 split _____ %

Effective Date:

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3. REASON FOR CHANGE:

4. AUTHORISATIONS:

Supervisor (or Grant Holder) (print): _____

Signature: _____ Date: _____

SDC Finance Manager (or delegate) (print): _____

Signature: _____ Date: _____

Email completed form to: researchschols@uwa.edu.au

Tel: (08) 6488 3738/1584

OFFICE USE ONLY

Actioned By: _____

Date: _____