

Top-Up Establishment Proposal

TOP-UP for:
(Student name and ID)

RESEARCH PROJECT OR AREA:

SCHOLARSHIP LEVEL AND DURATION:

Start Date:

End Date:

Do you wish to review/approve continuation of this top up annually (Dec/Jan)? Yes No
If No, the supplementation will continue until the expiry date.

FUNDING SOURCE / GRANTING BODY:

.....
(e.g. ARC, RGC, NHMRC, Industry etc.)

SCHOLARSHIP BENEFITS

Top-up amount p.a.: \$

Cost collector:

Principal Supervisor:

Principal Supervisor Signature: Date: / /

CHIEF INVESTIGATOR OR HEAD OF SCHOOL OR PVC APPROVAL

Chief Investigator (if funded from a Research grant):

CI Signature: Date: / /

Please ensure that your research grant conditions permit funding for this scholarship.

Head of School or PVC (if funded from a School or Faculty account):

Head of School's or PVC Signature: Date: / /

GS Office Use Only: NUSTAR PAYROLL Date: / / Initials: