

HDR Scholarship Entitlement Request



Student Details

Student No									
Family Name								Given Name	

Variation Type

<input type="checkbox"/>	Extended Sick Leave / Maternity Leave	<input type="checkbox"/> Medical Certificate attached
<input type="checkbox"/>	Research Overseas	
<input type="checkbox"/>	Additional Employment Hours	

Reason (refer to Scholarship Conditions for eligibility):

Student Signature		Date	
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Principal Supervisor Approval (Extended Sick Leave/Maternity Leave/Research Overseas)

Name		Signature		Date	
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Associate Dean Research Approval (Additional Employment Hours)

Name		Signature		Date	
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Return completed form to ECU Scholarships Office – scholarships@ecu.edu.au	(08) 6304 3636
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