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| i | This form is to be completed by research degree students who wish to apply for a completion scholarship. Before completing this form please check eligibility criteria and additional information on the completion scholarship at: <https://www.unisa.edu.au/research/Research-degrees/Scholarships/For-Current-Research-Degree-Students/completion-scholarships/> |

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| PART 1: | PERSONAL DETAILS |
| Student ID |  |
| First Name |  |
| Family Name |  |
| Program |  |
| International Student | [ ]  Yes [ ]  No |

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| PART 2: | SCHOLARSHIP DETAILS |
| Have you received a scholarship with a living allowance? | [ ]  Yes [ ]  No |
| If yes, please indicate type: | [ ]  RTPd [ ]  USAPA [ ]  RTPi [ ]  UPS[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Living allowance scholarship end date: |  |

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| PART 3: | ELIGIBILITY DETAILS |
| Are you currently enrolled? (If unsure please check myUniSA) | [ ]  Yes [ ]  No |
| Have you completed your data collection or equivalent? | [ ]  Yes [ ]  No |
| Are you in the writing up stage? | [ ]  Yes [ ]  No |
| Are you within candidature (not overtime)? | [ ]  Yes [ ]  NoCandidature end date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Are you a continuing UniSA academic staff member?  | [ ]  Yes [ ]  No |

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| PART 4: | COMPLETION SCHOLARHIP DETAILS |
| [ ]  3 Months [ ]  4 Months [ ]  5 Months [ ]  6 Months |
| Completion scholarship commencement date: |

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| PART 5: | SUPPORTING INFORMATION |
| Student | [ ]  Attachment 1: Statement addressing the criteria *(including a detailed work plan and evidence that time release from paid employment is available)* [ ]  Other *(please specify)*:  |
| Principal Supervisor  | [ ]  Attachment 2: Statement of assessment and/or support  |
| Dean of Research  | [ ]  Attachment 3: Comments and recommendation  |

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| ATTACHMENT 1: | STUDENT STATEMENT |
| *Please provide responses to all of the below questions. Please attach a separate sheet should space be required.* |
| Provide a detailed work plan of activities to complete within the period of the completion scholarship funding.  |
|  |
| How have you demonstrated the ability to meet deadlines during your candidature? Provide examples |
|  |
| Do you intend to publish as a result of the thesis? | [ ]  Yes [ ]  No |
| Have you or will you publish with your Principal Supervisor as a result of the thesis? Provide details |
|  |
| Provide details of your employment (if applicable), including the name and contact details of your line manager |
|  |
| Have you discussed potential examiners for the thesis with your supervisor? |  [ ]  Yes [ ]  No |
| Intended thesis submission date:  |
| Any other information you wish to provide: |
| I acknowledge that I will be required to remain enrolled for the duration of the Completion Scholarship and that I am required to make satisfactory progress otherwise the scholarship may be terminated. I certify that all details on this form are correct. |
| Student Signature |  | Date: |  |

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| ATTACHMENT 2: | PRINCIPAL SUPERVISOR STATEMENT |
| *Please provide responses to all of the below questions. Please attach a separate sheet should space be required.* |
| Are you confident that the student will complete the thesis during the nominated timeframe? Provide details |
|  |
| Please verify the detailed work plan of activities provided by the student and attached to the application |
|  |
| Has the student demonstrated the ability to meet deadlines throughout their candidature? Provide details |
|  |
| Does the student intend to publish as a result of the thesis? | [ ]  Yes [ ]  No |
| Have you or will you publish with the student as a result of the thesis? Provide details |
|  |
| Does your workload enable to you provide the necessary support to the student during the duration of the scholarship? Provide details |
|  |
| Will the student require additional support during the duration of the scholarship? Have resources indicated in the Statement of Minimum Resources been identified (e.g. office space, computer equipment)? Provide details |
|  |
| Are there any reasons why you think the student will NOT meet their objectives for the duration of the scholarship? |
|  |
| Have you identified potential examiners for the thesis and discussed these with the student? | [ ]  Yes [ ]  No |
| Have you approached the potential examiners? If no, when do you anticipate doing so? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Yes [ ]  No |
| Has the Nomination of Examiners been submitted and approved? | [ ]  Yes [ ]  No |
| Principal Supervisor Name |  |
| Principal Supervisor Signature |  | Date: |  |
| ATTACHMENT 3 | DEAN: RESEARCH ASSESSMENT AND/OR SUPPORT |
| Do you support the student’s application for a completion scholarship? Please provide assessment and/or comments |
|  |
| ***Please attach a sheet should space be required*** |
| Dean of Research Name |  |
| Dean of Research Signature |  | Date: |  |

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| Note: Escalations to go to Dean of Graduate Studies |