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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  No  Candidature 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. | | | | | | |
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| How have you demonstrated the ability to meet deadlines during your candidature? Provide examples | | | | | | |
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| 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 | | | | | | | | | |
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| Please verify the detailed work plan of activities provided by the student and attached to the application | | | | | | | | | |
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| Has the student demonstrated the ability to meet deadlines throughout their candidature? Provide details | | | | | | | | | |
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| 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 | | | | | | | | | |
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| Does your workload enable to you provide the necessary support to the student during the duration of the scholarship? Provide details | | | | | | | | | |
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| 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 | | | | | | | | | |
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| Are there any reasons why you think the student will NOT meet their objectives for the duration of the scholarship? | | | | | | | | | |
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| 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 | | | | | | | | | |
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| ***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 |