



UNIVERSITY OF TASMANIA  
Faculty of Education

## Honours Student Application for Support

*This form is to be completed PRIOR to any expenditure.*

### Instructions to Applicants

The purpose of this scheme is to assist honours (research) students in the Faculty of Education to work towards fulfilling the requirements of their degree within the specified time.

**Please note this scheme is only available to students who will complete degree requirements within the specified time allocated to the honours program.**

Funds are available to support research-related activities that will assist students to complete the requirements of their degree within minimum time frames and to meet research associated costs. Funds are not available for the purchase of computer hardware.

**A hard copy of the completed application form must be signed by your Supervisor and submitted to the Honours Coordinator:**

### Applicant Details

|                               |  |
|-------------------------------|--|
| Name                          |  |
| Student I.D.                  |  |
| Telephone Number/s            |  |
| Postal Address                |  |
| Email Address                 |  |
| Name of Supervisor            |  |
| Supervisor's Telephone Number |  |
| Supervisor's Email Address    |  |

In which research degree programme are you enrolled? (please tick whichever applies)

BTeach (Hons)  BHM (Hons)  BEd (Hons)  BAVE Hons  BEd (in-service) Hons

In what month and year did you commence studies? .....

## 1. Funds Requested

Please tick the appropriate expense, provide full details of each expense and the total cost of each item of expenditure.

| <b>Nature of Expense</b>   | <b>Details of expenditure</b> | <b>Cost</b> |
|--|-------------------------------|-------------|
| <input type="checkbox"/> Travel Costs<br>Provide reason for travel, number of journeys and kms.  |                               |             |
| <input type="checkbox"/> Printing / Photocopying   |                               |             |
| <input type="checkbox"/> Postage   |                               |             |
| <input type="checkbox"/> Computer Software<br>Please ensure that you have contacted IT support in the first instance to confirm need and costs.        |                               |             |
| <input type="checkbox"/> Dial in access  |                               |             |
| <input type="checkbox"/> Thesis Binding<br>The Faculty supports cost of production of all soft bound examination copies and one final hard bound copy. |                               |             |
| <input type="checkbox"/> Other   |                               |             |
| <b>Total expenditure</b>   |                               |             |

## 2. Certification by Applicant

I certify that the above details are true and correct and agree to supply the Faculty with receipts/tax invoice or required documentation to arrange payment.

**Signature**

**Name**

**Date**

|  |  |     |
|--|--|-----|
|  |  | / / |
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## 3. Certification by Supervisor

I deem the above research related expenses as appropriate for assisting the candidate to complete degree requirements **within the minimum period of candidature.**

**Signature**

**Name**

**Date**

|  |  |     |
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## 4. Certification by Honours Coordinator

- I agree to fund expenditure as described in Section 1 of this application subject to the conditions agreed to by the applicant in section 2 of this application.
- I agree to fund expenditure to the value of \$\_\_\_\_\_ subject to the conditions agreed to by the applicant in section 2 of this application.
- The application cannot be approved as:
  - The applicant is not eligible for the scheme
  - Available scheme funds for the current year and/or period of candidature have been expended
  - Items of expenditure are not research related
  - \_\_\_\_\_

**Signature of**  
Honours Coordinator

**Name (please print)**  
Assoc Professor Rosemary  
Callingham

**Date**

|  |  |     |
|--|--|-----|
|  |  | / / |
|--|--|-----|

**Signature of**  
Associate Dean (Research)

**Name (please print)**  
Assoc Professor Dawn Penney

**Date**

|  |  |     |
|--|--|-----|
|  |  | / / |
|--|--|-----|

*Applicants will be advised of the decision made on this application*