

## Maurice de Rohan Scholarship Application

For research degree students

This form is to be completed by research degree students wishing to gain an international perspective and improve their thesis by undertaking research, data collection or work with institutional or industry partners in the United Kingdom or United States of America.

Lodgement details: Dean of Research (or delegate) office
Please read the guidelines available before completing this form:
<a href="https://unisa.edu.au/research/Research-degrees/Scholarships/For-Current-Research-Degree-Students/maurice-de-rohan-international-scholarship/">https://unisa.edu.au/research/Research-degrees/Scholarships/For-Current-Research-Degree-Students/maurice-de-rohan-international-scholarship/</a>

PART 1: RESEARC	H DEGREE STUDENT DI	ETAILS				
Personal Details						
Student ID						
First Name						
Family Name						
Date of Birth						
Contact Number	Home:	Work:		Mobile:		
	Name			·		
Emergency Contact	Relationship to student:					
Details	Phone:					
	Email:					
	Address:					
Contact Details While						
Overseas	Phone:					
	Email:					
Current Enrolment De	tails					
Institute/Academic Unit/Centre						
Program Code		Program Name:				
Principal Supervisor						
Research Topic						
Written approval from your su	e recreation leave in conju upervisor is required – refer to Pr policies-and-procedures/universi	rocedure AB-58 P4 Res	search Degrees	□ Yes	□ No	
If yes, what is the length	h of your additional stay?					
Ethics						
Does your research, stu	udy or project require ethic	s approval?		□ Yes	□ No	
If yes, you must have u	niversity ethics clearance	prior to travel. Dat	e obtained:			

Funding Details					
Scholarship Held (if any)					
Does this scholarship permit y	ou to travel	overseas?	□ Yes □ No		
Other financial resources ava overseas period of study	ilable to you	for this			
Employment Details (if any)					
Previous financial assistance travel?	provided by	UniSA for	□ Yes □ No		
If yes, please provide details					
Propose Budget for Overse	as Travel G	rant			
Return Airfare	\$		Conference Fee (if applicable)	\$	
Accommodation	\$		Health/Travel Insurance	\$	
Food	\$		Entertainment Costs	\$	
Local Transport	\$		Gifts for Host	\$	
Telephone/Internet	\$		TOTAL BUDGET	\$	
Overseas Research Details					
Details of the overseas institu research/study will take place (must be in the UK or USA)					
Principal academic staff member who will be supervising you while overseas:					
Name:					
Phone:					
Email:					
Details of formal written confi	rmation:				
Approval given by overseas institution for proposed period of study:  ☐ Yes		□ Yes □ N	No		
Please provide confirmation details:					
Details of the research, data of	collection or	study to be undert	aken:		

Statement of Purpose Demonstrate how the overseas travel demonstrate that you have awareness Maurice de Rohan international schola	and understandin							
Conference Details (if applic	able) Note: fund	ing is not availai	ble solely to a	ttend conferenc	ces			
Conference Title								
Organising Body								
Venue								
Accommodation Address (include country)								
Date								
Details of confirmation that the has been accepted	presentation	□ Yes	□ No					
If yes, please provide confirma	tion details							
Discuss how your attendance a Indicate how you selected this confere publications)						outcomes you	u expect (for exai	mple,
Itinerary	ļ.							
Date of Departure and Flight N	lumber							
Travel Details								
Date of Return and Flight Num	ber							
PART 2: SUPPORTING ST	TATEMENTS							

Supporting statements are required from your Supervisor and Research Degree Coordinator (RDC).

Please ask your Supervisor and RDC to complete the recommendations for you.

As part of the selection process, Graduate Research will seek comments from the Dean of Research (or delegate).

PART 3: PRIN	CIPAL SUP	ERVISOR DETAIL	LS			
Name:						
Academic Unit /Institute/Centre:						
		one:				
Contact Details	Em	nail:				
PART 4: RESE	EARCH DE	GREE COORDINA	TOR (RDC) E	DETAILS		
Name:			·			
Academic Unit /Institute/Centre:						
	Ph	one:				
Contact Details	Em	nail:				
PART 5: APPL	LICANT'S D	ECLARATION				
I agree to return to U international travel as I agree to inform my in this application. I agree to abide by th I understand that Uniincomplete and that I application form, and	s outlined in Supervisor a ne Condition SA may var may have t	this application.  and Graduate Rese  s of Participation (or y or cancel any decorrepay any schola	earch if there in outlined below cision it make arship monies.	s any change to the  s if the information I I declare that the in	informathave pro	tion that I have provided ovided is incorrect or
Conditions of Partic	ipation in t	he Research Deg	ree Maurice	de Rohan Internatio	onal Sch	nolarship Program
As a UniSA research rules and regulations				I understand that I	remain s	subject to the policies,
my time over  Meet any pre- International  Arrange suita Arrange for n  Abide by the Provide Gradinstitution Fulfil my role the regulation Consult my S Research sh  Submit a rep students in the	e-departure and be-departure and be-depa	personal and medication and other feesing Graduate Research and my Supervises and for UniSA, et institution RDC (or delegate) oblems arise in relatorerseas experiences -making and plann	ion specified I cal arrangeme s to be paid or ch regarding r visor with con respect the c or Internal Ad ation to my stu e within four w ning to go ove	oy my Supervisor, G  nts and insurance p n my behalf each Re e-enrolment and rev eact details within on  ulture, abide by the I  visors promptly, and dies or otherwise du eeks of my return to rseas	raduate rovisions search I riew proc e week o laws of the , if neces uring the UniSA a	Period while I am away cess of arrival at the host he host country and by ssary, consult Graduate international visit and assist other outgoing
I understand that failt Australia and/or the h	nost institution	on	·	, ,	by the U	iniversity of South
I accept the terms a	na conditio	ns listed above:	□ Yes	□ No		
Student signature					Date	

Please	submit the completed application to the research administration team in your Academic Unit				
ALH	ALH-Research@unisa.edu.au				
BIS	BIS-Research@unisa.edu.au				
CHS	CHS-Research@unisa.edu.au				
CTV	CTV-Research@unisa.edu.au				
EDC	EDC-Research@unisa.edu.au				
JSU	JUS-HDR@unisa.edu.au				
STM	STEM-Research@unisa.edu.au				
Dean of delegate	Research (or e) Name				
	e) Signature Date				