

# GS10a: FINANCE SET-UP FORM 2023-2026

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| --- |
| **All personal information gathered will be processed in accordance with TUS privacy statements****The Research Student must complete this form and return it to the Graduate School Office.** **You must also complete a GS10b Scholarship Exemption Declaration Form and submit it with this form to the Graduate School Office.** |

**SECTION A: Research Student Details**

**To be completed by the Research Student**

|  |  |
| --- | --- |
| Research Student Name |  |
| Address  |  |
| Date of Birth |  |
| Telephone Number |  |
| Email Address |  |
| Nationality |  |
| PPS Number |  |
| Research Student Number |  |
| Faculty/Research Centre/Institute |  |
| Programme Code & Title |  |

**Please provide your bank details below:**

|  |  |
| --- | --- |
| Bank account holder Name |  |
| Bank Name and address |  |
| Bank Identifier Code (BIC)  |  |
| International Bank Account Number (IBAN)  |  |

**SECTION B: Funding**

**Please indicate the main source of funding of this project:**

|  |  |
| --- | --- |
| Presidents Doctoral Scholarship | [ ]  |
| Science Foundation Ireland | [ ]  |
| Irish Research Council | [ ]  |
| Professional Development | [ ]  |
| Self-financing | [ ]  |
| Faculty Waive of Fees | [ ]  |
| Other (Please specify) | [ ]  |

**If you are receiving a stipend, please provide details below:**

|  |  |
| --- | --- |
| Proposed Amount of Research Stipend (per year) |  |
| Number of Stipend Payments (See Note) |  |
| Proposed Start Date |  |
| Proposed End Date |  |
| Cost Centre of Stipend (if known) |  |

Note: Stipend is paid monthly so one year of stipends equals 12 stipend payments.

**SECTION C: Declaration and Signature**

Please confirm that you have completed a Scholarship Declaration Form:

Forms that do not have a completed Scholarship Declaration form will not be processed

|  |  |
| --- | --- |
| **Yes** [ ]  | **No** [ ]  |

Signature of Research Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Signature of Project Accountant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |