



Provide details of any service providers involved in providing the resources (if required):

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Principal Supervisor statement confirming the need for the resources:

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Provide a summary of items required, dates of provision and costs:

| ITEM | DATE OF PROVISION | COST |
|------|-------------------|------|
|      |                   |      |
|      |                   |      |
|      |                   |      |
|      |                   |      |
|      |                   |      |
|      |                   |      |

Provide a summary of funding already received this calendar year:

| ITEM | DATE RECEIVED | AMOUNT RECEIVED |
|------|---------------|-----------------|
|      |               |                 |
|      |               |                 |
|      |               |                 |
|      |               |                 |
|      |               |                 |

Attachments:

Original receipts/invoices

Payment Requisition Form

TEMS (Travel request)

## 4 - CANDIDATE DECLARATION AND SIGNATURE

I declare that all the information submitted is true and complete.

I authorise the University to verify any information provided by me, including academic records and employment details. I understand that the University may reject my application if it finds any information provided in relation to my application to be incomplete, inaccurate or misleading.

In providing my personal information to the University, I understand that, other than as authorised by law, the University will only use this information for the purposes for which it is being collected in accordance with the University's functions and activities associated with my enrolment. In some instances, the University may need to disclose information to any Government department which administers or has authority regarding education or immigration policy and law and any other Government agencies (State, Territory or Federal), an affiliated entity of the University, or to third parties for the purposes of recovering unpaid University fees or other debts owed to the University, and I consent to such disclosure. I also understand that all information will be collected, stored, accessed and disseminated or destroyed in accordance with privacy, records management and other relevant laws, and the University's policies.

I agree to abide by the Western Sydney University Act, the Western Sydney University by-law and the rules and policies of the University, as amended from time to time. I also agree that it is my responsibility to ensure that I review the by-law, rules and policies of the University during my period of study as the most current rules are applied and may differ from the time of my initial enrolment. I understand I have access to these documents through the University website.

Student's name

Signature

Date

## 5 - APPROVALS

**Principal Supervisor:** Do you support this request?

Yes  No

Name

Signature

Date

**Dean of School or Director of Institute:** Do you approve this request and confirm that the necessary resources are available to support the requested changes?

Yes  No

School/Centre/Institute

Name

Signature

Date

**Optional:** you may want to comment on your reasons for supporting/not supporting this request:

  
  

**Higher Degree Research Director:** Do you approve this request?

Yes  No

School/Centre/Institute

Name

Signature

Date

## 6 - LODGING YOUR APPLICATION

Please forward this form and your supporting documentation to your Principal Supervisor as soon as possible.

This form and supporting documents will need to be forwarded to your School or Institute Dean (or authorised delegate) for approval.

Once approved, please return (via email) to your School or Institute Higher Degree Research Director for processing.