

ICS PGRF APPLICATION WITH UNDERWRITE

This form should be used in cases where the ICS PGRF fund needs to **underwrite** or **provide extra funding** to that given by other funding grants.

PAGE 1

INSTRUCTIONS FOR COMPLETING THIS FORM:

1. For **Travel Applications**, replace this Page 1 with the Postgraduate Travel/Activity Approval Form. You also need to attach a detailed budget to your application. The form and budget templates are available from **Table 1** of the Funding & Travel Guide at:
<https://www.ics.mq.edu.au/forstaff/fundingtravel/index.html>
2. For **Equipment Applications**, replace this Page 1 with the ICS PGRF Equipment Cover Page (which includes your budget).
3. **Forms should be printed single-sided.**
4. You need to complete page 2 and submit pages 2 and 3 of this form, with the appropriate Page 1 and budget.

Support requested (Specify how the proposed grant will be spent and what for).

Total amount requested from ICS PGRF: \$

For travel applications, attach budget available from:
<https://www.ics.mq.edu.au/forstaff/travel/fundingtravelnew/HelpBudget.html>

Previous requests from ICS PGRF and MU PGRF (Indicate month, year, purpose, amount, successful/unsuccessful):

ICS/ MU	Month	Year	Purpose	Amount	Successful (Y/N)

Funds available from other sources (e.g. from Department, research grants):

Source	Amount	Account Number	Authorised Signature
MUPGRF			
Research Grant			
Vice Chancellor's Travel Grant			
Other			

Applications for the purpose of travel only- Please fill out this section:

Approximate date of return from travel: ____/____/20__

I have read the Macquarie University and ICS Travel Policies and will comply with all their requirements. I understand the lodgement of claims must be completed within 2 months of return from travel or, in the case of an advance, substantiation must be completed within 1 month of return (per MU Travel Policy item 27.2).

I have attached a list of all my publications and relevant achievements to this application.

Applicant's Signature: _____ Date: ____/____/20__

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PG Research Committee Comments:

Dept. PGR Dir. Name: _____ **Approved / Rejected** (please circle one)

Signature _____ Date: _____

ICS PGR Dir. Name: _____ **Approved / Rejected** (please circle one)

Signature _____ Date: _____
