



## Registered Undergraduate Student Proposal form (To be completed by the Department)

PERSONAL DETAILS OF STUDENT						
Student's Name:						
Title: Mr, Ms, Mrs Mx etc						
Students Irish Home Address for Correspondence: <i>Not to be a Department address</i>						
Students Personal Public Service Number (PPS) <b>mandatory</b>						
Telephone / Mobile number:						
Date of Birth:						
TCD or Personal Email address <i>Personal email address if not TCD student</i>						
Date of Registration: (Current academic year) <i>Students must be full time and registered for their degree. .</i>						
Department:						
Grant Holder: <b>Authorised Signatory on Account</b>						
Students Supervisor:						
Stipend Sponsoring Body:						
Stipend Sponsoring Body 2: (If more than one)						
Stipend amount per week	€ per week amount only					
Stipend Payment dates	Start Date	Termination Date				
<b>Research Codes</b> <b>Example:</b> <b>Project No Task No Award No</b> <b>123456      01      78954</b>	<b>Cost Centre</b>	<b>Project No:</b>	<b>Task No:</b>	<b>Award No:</b>	<b>Expenditure Type</b>	<b>% to be charged</b>
			01		N/A	
			01		N/A	
			01		N/A	
<b>GL CODES:</b> <b>Example:</b> <b>GL Activity GL Source of Funds</b> <b>0000000      3100</b> <b>0000000      1212</b>	<b>GL Cost Centre</b>	<b>GL Activity</b>	<b>GL Source of funds</b> 3100 or 1212		<b>GL Expense code</b>	<b>% to be charged</b>
					N/A	
					N/A	
					N/A	



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### CHECKLIST

PLEASE ENSURE THAT ALL OF THE DOCUMENTS LISTED ARE SENT WITH THIS PROPOSAL FORM BY EMAIL TO [HRWEEKLYSTAFF@TCD.IE](mailto:HRWEEKLYSTAFF@TCD.IE)

(Incomplete Applications will be rejected, please tick and confirm all below)

<input type="checkbox"/>	Completed Scholarship Exemption Declaration Form Signed and dated by the Student
<input type="checkbox"/>	Completed Bank Mandate Form signed and dated by the Student (staff number provided by HR Dept) <i>students to be advised that their first payroll will be in the second week in which they will be paid for that week plus their arrears.</i>
<input type="checkbox"/>	I confirm that the above Coding (Account numbers) on Page 1 are valid and correct
<input type="checkbox"/>	Please tick if the Student is not a Registered Student to TCD and needs a Visiting Student Card
<input type="checkbox"/>	Please state the name of the Student's home University:

Grant Holder / Principal Investigator Name: Please print Name		Date: 12/03/2021
Grant Holder / Principal Investigator Signature:		
Head of School Name: Please print Name		Date: 25/04/2021
Head of School Signature:		
Student Signature (print name)		Date 03/05/2021
Student Signature (not printed)		