

THIS IS A CANDIDATURE MILESTONE DOCUMENT



THE UNIVERSITY OF
WESTERN AUSTRALIA
Achieve International Excellence

Graduate Research and Scholarships Office GRADUATE RESEARCH STUDENT TRAVEL AWARD REPORT

TAR

The student must complete this report within **one month** of returning from the travel for which a travel award was granted. The submission of this report is a MILESTONE in the student's candidature record.
Send or deliver completed and signed form **direct** to the Graduate Research and Scholarships Office, Hackett Hall, M 358.

1. STUDENT DETAILS

FAMILY NAME:	_____	STUDENT ID:	_____
GIVEN NAMES:	_____	TITLE: Mr, Ms, Mrs, Dr, etc	_____
SCHOOL:	_____	TELEPHONE NO:	_____
DEGREE:	_____		

☐ **DOMESTIC STUDENT**
☐ **INTERNATIONAL STUDENT** - Student Visa expiry date: ____/____/____

If you have held a scholarship in the past 12 months please complete the following:

Name of scholarship/s:	Expiry date of scholarship/s:
1.	
2.	
3.	

2. REPORT

a. Brief details of purpose and destination of travel

b. Amount of funds received from this award: \$

Have you attached receipts to cover this amount? YES ☐ NO ☐ Receipt total: \$

c. Please provide a brief description of the perceived benefits of the Travel Award to your research and thesis (Attach an additional page if necessary).

3. DECLARATION BY STUDENT AND SCHOOL

We have read and discussed the contents of this report, and appropriate invoices and/or receipts are attached.

SIGNATURE OF STUDENT

Signature: _____

Date: _____

COORDINATING SUPERVISOR OR PRINCIPAL & COORDINATING SUPERVISOR, AND GRADUATE RESEARCH COORDINATOR SIGNATURES

Coordinating OR Principal & Coordinating Supervisor Signature: _____

Date: _____

Coordinating OR Principal & Coordinating Supervisor Name (please print): _____

Graduate Research Coordinator Signature: _____

Date: _____

Graduate Research Coordinator Name (please print): _____

JOINT SCHOOL (if applicable):

Coordinating Supervisor(s) Signature: _____

Date: _____

Coordinating Supervisors(s) Name (please print): _____

Graduate Research Coordinator Signature: _____

Date: _____

Graduate Research Coordinator Name (please print): _____

GRADUATE RESEARCH AND SCHOLARSHIPS OFFICE USE ONLY

Receipts for full amount of travel funds received? YES ☐ NO ☐

Candidature Officer ☐ Init: _____ Date: _____

Finance Officer ☐ Init: _____ Date: _____

Action Required: