



Flinders
UNIVERSITY

College of Medicine
& Public Health

Flinders Health and Medical Research Institute PhD Top-Up Scholarship Application Form

Please complete this form and email to fhmri@flinders.edu.au

1. Student details

Name:

Student ID No.:

Qualifications:

Level of study:

Status of enrolment:

Title of the project:

2. Eligibility criteria

Name of Primary Supervisor:

College:

Title of externally funded scholarship:

Name of the funder:

Is the scholarship nationally competitive? Please attach guidelines or paste weblink

Date of commencement of the scholarship:

Length of external funding period:

3. Additional information

Is the student required to sign a confidentiality/intellectual property agreement?

If Yes, student must be counselled prior to signing agreement.

Signature of student:

Signature of Primary Supervisor: