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: