Ollscoil Luimnigh University of Limerick



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| Financial aid scheme – Postgraduate students |
| **Student Name** |  | **Student ID No.** |  |  |  |  |  |  |  |  |
| **Home Address** |  |
| **Postcode** |  | **Email** |  |  |  |  |  |  |  |  |
| **Telephone No** |  | **PPS No.** |  |  |  |  |  |  |  |  |
| **Department** |  | **Programme** |  **Masters**  **PhD** |

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| --- |
| bank details to be recorded on the system |
| **Bank Name** |  |
| **Bank Address** |  |
| **SWIFT/BIC Code** |  |  |  |  |  |  |  |  |  |  |  | **Postcode** |  |
| **IBAN Code** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| --- |
| Stipend dETAILS |
| **Commencement Date** |  | **Completion Date** |  |
| **Maintenance Grant per Month - €** |
| FUNDING SOURCE *(Please state source of fees and maintenance stipend)* |
| **Project Name** |   |
| **Funding Body/Cost Centre No.** |   |
| **Annual Maintenance**  |   |
| **Fees** |  **Yes**  **No** | **Amount** | **€** |

**AUTHORISATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Student** |  | **Date** |  |
| **Supervisor** |  | **Date** |  |
| **Budget Manager** |  | **Date** |  |
| **Admissions** |  | **Date** |  |

**If funding is ended prior to completion date a Financial Aid Amendment form must be completed**

**FINANCE DEPARTMENT USE ONLY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Finance Approval** |  | **Date** |  |
| **Processed by Salaries** |  | **Date** |  |

**RETURN THIS COMPLETED FORM TO SALARIES OFFICE, ROOM A2-029, FINANCE DEPARTMENT**

**UNIVERSITY OF LIMERICK, LIMERICK, V94 T9PX. EMAIL TO:** **SALARIES@UL.IE**