



UNIVERSITY  
OF WOLLONGONG  
AUSTRALIA

## SCHOOL OF EDUCATION HDR STUDENT RESEARCH ACTIVITY FUND RECORD

Submit this form to the [School of Education Research Officer](#) once completed.

Student's Last Name:	Student's First Name:	Student Number:
Degree (circle one) MA MPhil PhD PhD(Int) EdD	Year of Current degree (circle)  1 2 3 4	UOW Email address:
Student's Mailing Address (street, city, postal code):		
Plan for use of research activity funds. Include cost estimates (refer to HDR Student Research Activity Funding Guidelines):		
HDR Student (Print):	Signature:	Date:
Supervisor (Print):	Signature:	Date:
Approval - Head of PG	Signature:	Date:

Send completed form to [educ-hdr-students@uow.edu.au](mailto:educ-hdr-students@uow.edu.au)