

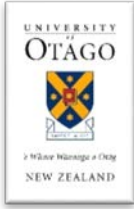
2019/2020 Summer Studentship Appointment Form

Submit to Fran Cox, Department of Pathology and Biomedical Science, PO Box 4345, Christchurch 8140 OR
summer.studentship@otago.ac.nz by 5pm, 11 October 2019* or 25 October 2019

Student Information ALL SECTIONS MUST BE COMPLETED		
Student's Name:		Otago ID:
(At time of application) Course:	Year ie.3rd:	University:
Otago User name (e.g. doeja123):	Email: (if Otago, use institution email)**	
Address:		
Suburb:		City:
Postcode:	Phone:	
Address during studentship:		
City:		Postcode:
Physical location for project work:		
Supervisor Information		
Supervisor's Name:		E-mail:
Department:		Institution:
Mailing Address:		
Project Title		
Summer Studentship # (Research office to fill in)		
Summer Studentship Start Date		
A summer studentship start date must be nominated and must be no later than 2 December 2019		
Nominated Start Date:		
Student s Agreement		
<ul style="list-style-type: none"> I accept a 2019/2020 University of Otago, Christchurch (UOC) Summer Studentship and undertake to provide all required reports within the set deadlines. I have read the UOC Summer Studentship handbook and understand my obligations under the UOC Summer Studentship scheme. I agree to abide by the University of Otago, Christchurch (UOC) confidentiality policies. I consent to my submitted report being edited for publication. I consent to my image being used as part of SSP promotional material by the UOC and my sponsor I understand that funds will not be released if my supervisor does not provide documentary evidence of ethical approval having been obtained, where required. I understand that if I do not comply with the regulations and requirements of the UOC Summer Studentship scheme my emoluments will be withheld and payments already released must be refunded to the University of Otago. 		
Signature of Student:		Date:
Signature of Supervisor:		Date:

*Please submit form before 11 October if start date is before 4 November to ensure early payment schedule.

Email **must be checked regularly



Summer Research Scholarship

(Please return by email to summer.studentship@otago.ac.nz or return to Fran Cox, Department of Pathology, Level 2, UOC building)

This scholarship has been awarded to _____

to assist the student in pursuing their studies by participating in the _____

This has been awarded on the following basis:

- Your enrolment at a University for the following year
- The project is relevant to your current course of study
- The project will provide you with key learning outcomes
- Any services you provide are in relation to achieving the educational outcomes and the completion of the project
- Benefits resulting from the project for the University will be incidental
- Full supervision by a research-active academic staff member at the University of Otago is provided
- No employment relationship will be created, or is intended to be created as a result of the provision of the scholarship

STUDENT TO COMPLETE

Student's Full Name (as shown in eVision)				Student ID Number	
Bank Account Details (Must be a NZ account. Not possible to pay into a credit card account)	Please print clearly in the spaces below and ensure the account matches the record in your eVision portal.				
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Bank	Branch	Customer Code	Suffix	
Disclosure	<ul style="list-style-type: none"> • The University of Otago and the student have entered into a scholarship agreement for educational purposes. • The University of Otago and this student agree that no employment relationship between the parties exists or is intended to exist and the scholarship agreement does not create such a relationship. • The University believes the scholarship meets the requirements of section CW 36 of the Income Tax Act 2007 to be a tax free scholarship. However, the student is responsible for establishing their tax position of any amounts received and to correctly account for tax on any receipt. • The University does not intend to deduct tax from the payments the student receives, however, should the University be required to account to the IRD for tax on these payments, the University has the right to recover that tax from the student. 				
Student's Signature				Date:	
Supervisor's Signature	Signature	Name	Date		

RESEARCH OFFICE TO COMPLETE:

Department Name					
Payment Dates	<input type="checkbox"/> 21 Nov, 12 Dec & 09 Jan	<input type="checkbox"/> 12 Dec, 09 Jan & 13 Feb	<input type="checkbox"/> \$500 final payment		
Total award)	\$5000.00	Ledger (enter GL or PL)	Code to debit		
		PL	100980.13.P.PI	3616 00	
Authorised By	Signature	Name	Date / /2019		
	I confirm I have delegated signing authority for the account code on this payment form and that the account code will be open and active for the duration of the award				
Department Contact person for this award	Name	Rebecca Coobes		(03) 364-0038	
				Phone Number	

STUDENT ADMINISTRATION (SCHOLARSHIPS) TO COMPLETE:

Fund code		Bank verified		Entered	
Enrolment		Account code		Signed	