

Declaration of Acceptance Form

Please type in the boxes below, then print and sign your name. You must then upload this document to eStudent when you accept your offer

Family Name:	Given Name:
Macquarie ID:	Faculty:
Program Offered (see offer letter):	PHD MPHIL
Full Program Title:	
<p>Select Your Course Start Date. Note that your course start date must fall within the session indicated in your offer letter. Session 1 is from January-June and Session 2 is from July-December.</p> <div> <div>February 1st April 1st</div> <div>July 1st Oct 1st</div> </div>	
<p>Scholarship offered?</p> <p><input type="checkbox"/> Yes Allocation No: _____</p> <p><input type="checkbox"/> No</p>	<p>Type of Scholarship (if applicable):</p> <p><input type="checkbox"/> RTP <input type="checkbox"/> MQRES</p> <p><input type="checkbox"/> Other _____</p>

I wish to **accept** the offer of candidature and scholarship (if applicable) as stated on the offer letter. I have read, understood and accepted the conditions outlined in the **letter of offer** and the **Terms and Conditions of my Higher Degree Research Offer** as listed on the [Accepting your HDR Offer webpage](#). I also understand that I am responsible for keeping a copy of my offer letter, Terms and Conditions of my Higher Degree Research Offer, Declaration of Acceptance, and receipts of any payments of tuition fees or non-tuition fees.

Signature: _____ Date: _____ / _____ / _____
Day Month Year