Graduate Research Academy

Macquarie University NSW 2109 Australia P: +61 (2) 9850 4741 www.mq.edu.au/research ABN 90 952 801 237 CRICOS Provider No 00002J

Family Name:



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

Given Name:

| Macquarie ID: | Faculty: |
|---|---|
| | |
| Commencing Session/Intake: | |
| | |
| Program Offered (see offer letter) | Program CRICOS (see offer letter). For bundle offers, |
| ☐ Graduate Certificate ☐ Graduate Diploma | please write both CRICOS. |
| ☐ Graduate Diploma + Master of Research | |
| ☑ Master of Research | |
| | |
| Scholarship offered? | Type of Scholarship (if applicable): |
| ☐ Yes | ☐ iRTP-MRES Other: |
| Allocation No: | |
| | ☐ iMQRES-MRES |
| □ No | |
| | ☐ Cofunded iMQRES |
| | |
| | |
| I accept the offer of candidature and scholarship | |
| have read, understood and agree to the terms and | |
| the Terms and Conditions and Important Informa | · |
| for keeping a copy of my offer letter, Terms and C Declaration of Acceptance, and receipts of any pa | • |
| beclaration of Acceptance, and receipts of any pa | yments of tuition rees of fron tuition rees. |
| | |
| Signature: | |
| | |
| Data | |
| Date: | |
| | |