

Acceptance of UWA Scholarship Conditions

Full name:

Title:

Date of birth

Student no.:

Staff ID:

Degree:

Phone:

Address:

School:

☐ Domestic

☐ International

Scholarship
name/s:

- ☐ I declare I have read and agree to abide by the UWA Stipend Scholarship and Allowance Conditions.
- ☐ I acknowledge that under the conditions of the scholarship/s, I may undertake no more than 8 hours paid employment between the hours of 9am and 5pm Monday to Friday.
- ☐ **International Tuition Fees Offset Scholarships only:** I declare I have read and agree to abide by the International Tuition Fees Offset Scholarship Conditions.

Rongjun Huang

(Signature)

(Date)