**TU Dublin Wide Fee Support Competition**

**Application for Payment of Approved Funding**

**Confirmation of Meeting Requirements of Evaluation Panel**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Staff Member:** |  | | | |
| **School/Department:** |  | | | |
| **Programme for which approval has been granted:** |  | | | |
| **Relevant Period (e.g. 19/20)** |  | | | |
| **\*Place X in appropriate box:-** | | | **YES \*** | **NO\*** |
| ***I confirm that I have passed all subjects on the above year/stage of the above Programme*** | | |  |  |
| **SIGNATURE OF STAFF MEMBER:** | |  | | |
| **DATE:** | |  | | |
| **\*Place X in appropriate box** | | | **YES \*** | **NO\*** |
| ***I confirm that the above staff member has met the requirements of Section 4(iii) of the Fee Support Policy i.e.***  ***For academic staff***, *evidence of contribution/dissemination of research and scholarship to the College/School as a result of participation on this programme of study (e.g. conference papers, performances, exhibitions, new teaching areas or methodologies, in-house research presentations) or evidence of progress towards becoming research active.*  ***For other staff****, evidence of contributions to developments in own role or in TU Dublin generally or any other activity (e.g. conference papers, national/international networks; participation on internal or external Working Groups; participation on internal or external Committees; new innovations or changes introduced in area of work)* | | |  |  |
| ***I confirm that progress on this programme has been monitored through PMDS*** | | |  |  |
| **SIGNATURE OF LINE MANAGER/HEAD OF SCHOOL/HEAD OF FUNCTION :** | |  | | |
| **DATE:** | |  | | |

Please attach original receipts or evidence of fees paid