



Research Postgraduate Scholarship Application Form 2018-2019

Personal Details

FIRST NAME(S):	SURNAME:
DATE OF BIRTH:	CONTACT NUMBER:
EMAIL:	
STUDENT ID NUMBER:	

Academic Details - Research Programme:

MA	MBus	MSc	MEng	PhD
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mode of Attendance: Full time Part Time Project only

Academic Department: _____

Principal Internal Supervisor: _____

Grant/Scholarship Information

Have you applied for or are you in receipt of a grant or Scholarship? Yes No

If yes, Name the funding Programme or awarding body _____

Are your Postgraduate fees partially or fully funded by any other third party? Yes No

If yes, please give details _____

Declaration

Having read the Criteria of Eligibility and understanding the terms and conditions of receiving a research Postgraduate Scholarship,

I _____ declare that to the best of my knowledge
And belief that the foregoing particulars given in my application form are true and accurate.

Signed: _____ Date: _____

FEES OFFICE

Date Received	<input type="text"/>	Programme Fee (Per Annum)	<input type="text"/>
Course Code:	<input type="text"/>	Registration & Funding Checked	<input type="text"/>

Scholarship Approved: _____ Date: _____
Registrar