

## Research Postgraduate Scholarship Application Form 2020-2021

### Personal Details

<b>FIRST NAME(S):</b>	<b>SURNAME:</b>
<b>DATE OF BIRTH:</b>	<b>CONTACT NUMBER:</b>
<b>EMAIL:</b>	
<b>STUDENT ID NUMBER:</b>	

### Academic Details - Research Programme:

<b>MA</b>	<b>MBus</b>	<b>MSc</b>	<b>MEng</b>	<b>PhD</b>
<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:       Programme Fee (Per Annum)

Course Code:       Registration & Funding Checked

Scholarship Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
Registrar