



THE UNIVERSITY OF THE WEST INDIES
School for Graduate Studies and Research

APPLICATION FOR GRADUATE STUDENT RESEARCH AWARD

Date: _____

<u>Amount Requested (Show Currency)</u>

1. Name of Applicant: _____
2. Degree Registered for: _____
3. Date of First Registration: _____
4. Registration Status: FT PT
5. Department: _____
6. Name of Supervisor: _____
7. Give a brief account of your progress: _____

8. List of Publication(s) or Conference Presentation(s) (if applicable): _____

9. Is proposed research/development/dissemination activity already funded by the University or another sponsor? Yes No . If **yes**, please explain why additional/new funding is being sought? _____

10. Will you seek external support for the further development of the proposed research/development/dissemination activity? Yes No . If **yes**, please elaborate: _____

11. Have you received previous amounts from the Graduate Student Research Awards Fund? Yes No
If **yes**, please complete table.

DATE	PROJECT	PURPOSE OF FUNDS RECEIVED	AMOUNT	DATE REPORT SUBMITTED

12. Details of your research (*attach additional page(s) where necessary*)

(i) Background: _____

(ii) Objective and likely significance of work: _____

(iii) Brief indication of methods (*where applicable*): _____

(iv) Publication strategy: _____

13. Purpose for which the award is being sought:

- | | |
|---|---|
| <input type="checkbox"/> Attending Conference | <input type="checkbox"/> Travel for Study/Research (please explain and attach evidence) |
| <input type="checkbox"/> Equipment/Supplies | <input type="checkbox"/> Fieldwork/ Data Collection |
| <input type="checkbox"/> Research Support | <input type="checkbox"/> Other. Please specify: _____ |

14. Describe the activity for which you are requesting funds, clearly indicating its relevance to your research (*attach additional page(s) where necessary*): _____

15. Proposed start date of activity: _____

16. Proposed end date of activity: _____

17. BUDGET - Prioritized, itemized breakdown of requirements and costs, with a brief indication of the importance of each item to the project. Documentation supporting the costs must be included where possible. Where applicable, evidence of acceptance to work at facilities to be visited, must be furnished. (*Attach additional page(s) where necessary*).

TO BE COMPLETED BY SUPERVISOR

COMMENTS FROM SUPERVISOR *(Include report on student's progress to date).* How will this funding support the student's effort in completing his/her research in a timely manner? *(Attach additional page(s) where necessary).*

Have you submitted the *Supervisor's Progress Report Form*? Yes No

By signature below, the Supervisor signifies that the activity described will contribute significantly to the student's research and/or research capability.

Signature of Supervisor

Date

TO BE COMPLETED BY THE HEAD OF DEPARTMENT

Comments from Head of Department *(attach additional page(s) where necessary):* _____

Signature of Head of Department

Date

Signature of Applicant

Date

NOTE: *Supervisors are reminded that all equipment obtained for use in the research project belongs to the University and they will be responsible for the safekeeping of such equipment.*