

THE UNIVERSITY OF THE WEST INDIES
SCHOOL FOR GRADUATE STUDIES & RESEARCH
MONA CAMPUS

GRADUATE RESEARCH GRANT APPLICATION

Amount Requested

Date: _____

<u>Amount Requested</u>

1. Name(s) & Title(s) of Applicant(s):

2. Where possible, please cite up to two relevant publications which relate to this request (your own where possible). For conference requests, attach a copy of the abstract of the work to be presented.

3. If supervisor is applying, indicate the number of graduate students being supervised:

MA/MEd/MSc: MPhil: PhD: DM: MD:

4. Title & Description of project and Graduate Student involvement:

5. Purpose for which the grant is being sought:

- | | |
|---|--|
| <input type="checkbox"/> Attending Conference | <input type="checkbox"/> Travel for Study/Research |
| <input type="checkbox"/> Equipment/Supplies | <input type="checkbox"/> Hosting Graduate Conference/Symposium or Related Activity |
| <input type="checkbox"/> Research Assistance | <input type="checkbox"/> Other. Please specify: |

6. Objectives:

7. 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 sheets where necessary).

8. Name(s) and brief biographical data on Graduate Student(s) applying or engaged in project. Where relevant, a brief description of the area of specialization of the supervisor may be added:

9. Give details of previous grants from Research & Publications and Graduate Awards Committee for this project (Project Title, Purpose, Date, Amount):

10. Reports on Previous Grants received (submitted or not submitted, and relevant dates):

11. Other funding sources from which applicant's project has received support:

12. What other applications are in progress:

13. Names and addresses of two referees (email, telephone numbers and/or fax numbers also):

_____	_____
_____	_____
_____	_____

14. How will this funding support the student's effort in completing his/her research in a timely manner. Please attach a copy of the most recent Supervisor's Report.

Signature _____
(Supervisor)

15. Comment from Head of Department: _____

Signature Date
(Head of Department)

Signature(s) of applicant(s): _____

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.