## THE UNIVERSITY OF THE WEST INDIES

### CAMPUS RESEARCH AND PUBLICATION FUND COMMITTEE

#### APPLICATION FORM FOR AWARDS

**1. Name(s) of Applicant(s):**

**(In the case of group projects, place \* in front of coordinator)**

**2. Post(s):**

**3. Date(s) and Duration of Appointment at UWI**

**4. Department(s):**

**5. University qualifications of applicant(s):**

**6. Attach list of publications over the last 6 years:**

**7. List graduate students supervised who have successfully completed their degrees over the last 6 years (where applicable:)**

**Name of Supervisor (s) Name of Student Degree Date of completion**

**8. Is proposed research/development/dissemination activity already funded by the University or another sponsor? If so please explain why additional/new funding is being sought.**

**9. Will you seek external support for the further development of the proposed research/development/dissemination activity? If so please elaborate.**

**10. Proposed start date:**

**11. Proposed end date:**

**12. Will graduate students be involved in any aspects of the proposed project?**

**If so please elaborate with names of graduate students, programme(s) and date(s) of first registration (if already registered) and role graduate students will play in the project.**

**13. Previous awards, dates and amounts for the last two (2) awards from the Campus and University Research and Publications Funds:**

**14. Have you submitted required reports for these awards? Please summarize on an attached page the specific outputs of the last two awards received (where applicable).**

**15. TITLE of activity for which you are requesting funds:**

**16. Amount(s) requested (by year if appropriate):**

**17. Details of the proposed project (you may address these sections on a separate attachment).**

**(i) Background**

**(ii) Objectives and Likely Significance of Work:**

**(iii) Brief indication of Methods (where applicable):**

**(iv) Publication strategy:**

**(v) Budget and budget explanation:**

**……………………………………………………. ………………………**

**Signature of Applicant/Coordinator of project Date**

**18. By signature below, the Head of the Department/Unit, or Dean signifies that the applicant will be able to execute the project in terms of academic time and University facilities required. The Head of Dean may comment if he/she wishes.**

**………………………… ………………………………… ………………………**

**Name and Signature of Head or Dean Date**