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Checked by: Date: Award: Authorised by: Date:

Notes:

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| **Centre for Multidisciplinary and Intercultural Inquiry**  **Postgraduate Research Student Fund**  Application Form | **CHECKLIST**  Has supporting documentation been  attached?  Have you signed the form?  Have the Statements been provided and the form signed  by the Supervisor and Head of Department? |

**Please complete all sections. Incomplete applications will be returned.**

1. Personal Details

|  |  |  |
| --- | --- | --- |
| Title: | First name: | Family name: |
| Department: | | |
| Address (for correspondence): | | Email: |
| Tel. no: |
| Fee Status:  UK/EU  Overseas |
| Please state any Scholarships/Studentships held: | | |
| Please provide a statement explaining why your funding body is not funding this trip: | | |

Please give details of your undergraduate / Master’s degrees or equivalent:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Degree/s  Obtained | Subject | Year of Graduation | Class of Honours | College or University |
|  |  |  |  |  |

Please give details of your current research degree registration:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Current  Degree | Subject | Date of Registration | Full or Part-time | Full name of Principal Supervisor |
|  |  |  |  |  |

Please give the title / provisional title of your thesis:

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2. Proposal

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| --- | --- | --- |
| Name of conference/ training course or brief details of research trip: | | |
| Location: | Date from: | To: |
| Are you presenting a PAPER (if attending a conference)?  Yes  No | Are you presenting a POSTER?  Yes  No | |
| If **Yes** to either, please attach your abstract AND documentation outlining acceptance of paper / poster for presentation. | | |
| See attached abstract and invitation. | | |
| Please state how your request is relevant to your research: | | |

3. Previous Awards

Please list any previous awards received from UCL:

|  |  |  |  |
| --- | --- | --- | --- |
| Details of the award i.e. name of conference/ event/ training course\_ | Location | Award Reference No. or date of application | Amount received |
|  |  |  |  |

4. Estimated Costs & Contributions

|  |  |  |
| --- | --- | --- |
| Exchange Rate (if applicable - please use the [www.xe.com](http://www.xe.com) currency converter): | |  |
| **Travel:** (please give details) | |  |
| **Total Travel:** | |  |
| **Accommodation: included in summer school fee**  No. of nights: Cost per night: | |  |
| **Total Accommodation:** | | **£** |
| **Conference or training course Fee:** | |  |
| **Subsistence:**  **Total Subsistence:** | |  |
| **Total Estimated Expenses:** | |  |
| **Assured contributions** (please give details where necessary): | |  |
| UCL contribution: | | £ |
| Amounts assured from other organisations (please give source and amount):  **Applicants are advised to apply to external bodies, where appropriate**. | | £ |
| Personal contribution: | |  |
| **Total Assured Contributions:** | |  |
| **Amount Requested from the Faculty:** | | **£** |
| **Contributions requested but not yet assured:**  Organisation applied to: | Date of decision: | Amount requested: |
|  |  |  |
| Signature of applicant: | Date: | |
| APPLICANTS: Please pass this form to your Supervisor and Graduate Tutor for endorsement.  IMPORTANT: Please ensure your department forwards this form (with any relevant documentation) to the Faculty. | | |

5. Supervisor’s Endorsement

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| --- | --- | --- |
| Applicant’s full name (please print): | | |
| Department: CMII | | |
| Full name of Supervisor (please print): | | |
| Supervisor’s department (for correspondence):  SELCS Dutch | Email: | |
| Tel: | |
| **Supporting Statement:**   * Please indicate the relationship of the proposed trip to the student’s thesis. * If the student is in her/his final year, will s/he complete by the end of the Completing Research Student period? | | |
| Signature of Supervisor: | | Date: |