**GRADUATE STUDENT RESEARCH GRANT – REVISED BUDGET**

Please complete this form and submit it to the Research Office to obtain approval for your revised budget.

**STUDENT DETAIL**

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| **GRADUATE**  **STUDENT** | **NAME:** | | **STUDENT ID NUMBER:** | |
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| **COLLEGE:** | | | |
| CBHTS ☐ CMNHS ☐ CAFF ☐ CHEL ☐ CETVET | | | |
| **PHONE CONTACT:** | **EMAIL ADDRESS:** | | **SIGNATURE:** |
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| **Research**  **Detail** | **Research Topic:** | |
|  | |
| **Start Date:** | **End Date:** |
|  |  |

**Approved Budget (during candidature confirmation)**

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| **No.** | **ACTIVITY** | **QUANTITY** | **ESTIMATED COST** | **DURATION**  **(tentative dates)** |
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***Revised Budget***

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| ***No.*** | ***ACTIVITY*** | ***QUANTITY*** | ***ESTIMATED COST*** | ***DURATION***  ***(tentative dates)*** |
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| ***Total*** | | | ***$*** |  |

***Contingency - up to 5% only. [You may add more lines if you require.]***

**PRINCIPAL SUPERVISOR APPROVAL:**

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| --- | --- | --- | --- | --- |
| **SUPERVISOR**  **APPROVAL** | **NAME (Principal *Supervisor)*:** | | | |
|  | | | |
| **COLLEGE:** | | | |
| CBHTS ☐ CMNHS ☐ CAFF ☐ CHEL ☐ CETVET | | | |
| **PHONE CONTACT:** | **EMAIL ADDRESS:** | **SIGNATURE:** | |
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**COLLEGE APPROVAL**

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| --- | --- | --- | --- |
| **COLLEGE**  **APPROVAL(s)** | **NAME (Associate *Dean Research & Innovation*):** | | |
|  | | |
| **COLLEGE** | | |
| ☐ CBHTS ☐ CMNHS ☐ CAFF ☐ CHEL ☐ CETVET | | |
| **PHONE CONTACT** | **EMAIL ADDRESS** | **SIGNATURE** |
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| **NAME (College *Dean*):** | | |
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| **PHONE CONTACT:** | **EMAIL ADDRESS:** | **SIGNATURE:** |
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**RESEARCH OFFICE APPROVAL**

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| --- | --- | --- | --- | --- |
| **PRO VICE CHANCELLOR  RESEARCH & INNOVATION** | **NAME** | | | |
|  | | | |
| **Approved** | Yes | **Date** | **Signature** |
| No |  |  |

**Request submitted to:**

A signed electronic copy is to be emailed to the Research Office.

**Contact Person:** Reena Singh

**Email Address:** [geo@fnu.ac.fj](mailto:geo@fnu.ac.fj).

**Extension:** 2042

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