

HIGHER DEGREES BY RESEARCH SCHOLARSHIP APPLICATION FORM

PERSONAL DETAILS

 Title: Mr Mrs Miss Ms Other

 Gender: Male Female

 First Name

 Country of Citizenship

 Surname

 Place of Birth

 Other Names

 Address

 Birth Registration Number

 Date of Birth:
[DD/MM/YYYY]

PROGRAMME DETAILS

Current/Proposed

 PROGRAMME OF STUDY: PhD / Masters by Research

(Note: Scholarship will be offered for full-time study mode only)

RESEARCH INTEREST: _____

 ENROLLED – Start Date: _____ / Completion Date: _____
((DD/MM/YYYY))

ENROLMENT

 STATUS: PENDING – Start Date: _____ / Completion Date: _____
((DD/MM/YYYY))

 REQUESTED SCHOLARSHIP TENURE: 1 year / 2 years / 3 years

(Shorter period than 3 years will be applicable depending on the duration of the PhD/Masters by Research enrolment prior to this application)

Previous Qualifications

	Qualification Name	Institution	Majors	Duration	GPA / Grade
Bachelor degrees	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Master Degrees	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Qualifications	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

OTHER SCHOLARSHIP FUNDING

 Do you currently hold another scholarship YES / NO. If yes, please provide brief information and attach supporting documentation.

RESEARCH INTENT / PLAN

Please include your research intent and/or plan up to 1,000 words. Fill in this section or attach it with the form.

Have you contacted any supervisors at FNU? No Yes

If yes, complete the following:

- | | | | |
|----------------------------------|----------------------|---------|----------------------|
| i) Name of principal supervisor | <input type="text"/> | College | <input type="text"/> |
| ii) Name of secondary supervisor | <input type="text"/> | College | <input type="text"/> |

CHECKLIST OF APPLICATION REQUIREMENTS

This sheet must be completed and returned with the application.

I have provided:

- | | | |
|---|------------------------------|-----------------------------|
| • Evidence of residency status (birth certificate/passport) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Academic Transcripts (certified true copies) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Research Intent / Proposal Plan | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Curriculum Vitae | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Signature of Applicant

Date