

COLLEGE OF HEALTH SCIENCES
UNIVERSITY OF GHANA
RESEARCH GRANT

IMPORTANT: Candidates are requested to send the completed form plus budget, procurement plan, proposal and 3 academic referees to the Secretary of the Scholarship and Prizes Committee at the address below. In addition, candidates must arrange for Ethical Clearance to be sent to the Secretary.

Secretary

Scholarship and Prizes Committee, College of Health Sciences, University of Ghana
P. O. Box KB 52, Korle-Bu, Accra.

RESEARCH GRANT APPLICATION FORM

SECTION A: PERSONAL INFORMATION

1. Surname Mr./Mrs./Miss
2. Other Names (in full)
3. Date of Birth
4. Town and Country of Birth
5. Nationality
6. Married or Single No. of children.....
7. (a) Address to which all communication with this application should be sent
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.....
(b) Tel. No. (c) Fax
- (d) Email Address

NB. Any change of in (a) – (d) must be notified at once to the Secretary of the Scholarship and Prizes Committee

8. Permanent Home Address (if different from 7 (a))
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(a). Work Experience.....

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SECTION B: ACADEMIC RECORD

9. Previous Universities attended with dates.

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10. Degree(s) obtained, giving class/division.

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11. Other academic qualifications (indicate where and when obtained).

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12. Publications if any.

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SECTION C: CURRENT APPLICATION

13. Degree/diploma for which candidate proposes to study (tick as appropriate)

MPhil..... PHD..... Other....., if so, please specify

14. (a) Department of study

(b) Institution in the College of Health Sciences.....

15. Provide an abstract or a summary of the research to include the following:

(a). A brief background

(b). Aim (s)

(c).Methods

(d). Expected Outcome

16. Signature of Applicant..... Date.....

17. Comments by Head of Department

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Signature of Head of Department Date.....

18. Comments by Dean/Director of School/Institute of the College.

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Signature of Dean/Director.....Date.....

FOR OFFICE USE ONLY

Date of receipt of application.....

Check list

Application form completed fully

Receipt of at least 2 Academic references

Letter of Admission

Letter of Release from employers (if working)