

Department of Obstetrics & Gynaecology
Finance Management Committee
Student Research Training Program- Application Form

Name of Supervisor: _____

Title of Project: _____

1. Where will the research project be conducted (Department/Institution)?

2. Names and titles of other individuals who will be involved with the research project:

3. Expected Objectives/Accomplishments for Student:

4. Funds Requested: \$_____

Signature of Applicant

Date

Approval Signature

Date