



THE UNIVERSITY OF THE WEST INDIES
School for Graduate Studies and Research

APPLICATION FOR STAFF RESEARCH AWARD

<u>Amount Requested (Show Currency)</u>

Date: _____

A. PRINCIPAL APPLICANT INFORMATION

1. Name of Principal Applicant: _____
2. Present Post: _____
3. Department: _____
4. Faculty: _____
5. University Qualifications: _____
6. Date of Appointment at UWI: _____
7. Number of publications over the last **SIX (6)** years: _____
Attach list where applicable.
8. Number of graduate students currently being supervised: _____
9. List graduate students supervised who have successfully completed their degrees over the last **SIX (6)** years.

Name of Student	Degree	Date of Completion

B. CO-APPLICANT INFORMATION (if applicable)

10. Names and Qualifications of co-applicants: _____

C. RESEARCH PROPOSAL INFORMATION

11. Title of proposed project/activity:

12. Proposed start date: _____ 13. Proposed end date: _____

14. Brief Background: _____

15. Major Objectives:

16. Brief methodology:

17. Publication strategy:

D. RESEARCH AWARD INFORMATION

18. Will graduate students be involved in any aspects of the proposed project? YES/NO

If **yes**, please list the name(s) of graduate student(s), programme(s) and date(s) of first registration (if already registered), and the role graduate students will play in the project.

Name	Programme	Date of first registration	Role

19. List previous Research Awards:

Project Title/Activity	Date	Award

20. Have you submitted required reports for these awards? YES/NO

21. Summarise the specific outputs of the last TWO (2) awards received.

E. FINANCIAL INFORMATION

22. Is proposed project already funded by the UWI or external sponsor? YES/NO

If **yes**, name sponsors and explain why additional funding is being sought.

23. If you are not using your Study and Travel Grant for this activity, please explain why not.

24. Will you seek external support for the further development of this project? YES/NO

If **yes**, please elaborate:

25. Amount being requested from Staff Research Award for proposed Project by year:

Year 1	Year 2

26. Budget and budget explanation: (Please attach pro-forma invoices for equipment, materials and supplies where appropriate)

F. FACULTY INFORMATION

27. Comments/recommendation by Head of Department or Dean (where Head of Department is applicant):

By signature below, the Head of Department or Dean signifies that the applicant will be able to execute the project in terms of academic time and University facilities required.

.....
Signature of Applicant/Coordinator of project

.....
Date

.....
Signature of Head of Department

.....
Date

.....
Signature of Dean (*where Head of Department is applicant*)

.....
Date