



UNIVERSITY OF GHANA
OFFICE OF RESEARCH, INNOVATION AND DEVELOPMENT (ORID)

FACULTY DEVELOPMENT GRANT AWARD
APPLICATION FORM

(Form **MUST** be filled electronically)

This application form must be submitted to ORID with the following documents through the Head of Department to the Faculty Dean by close of day on **Friday, 27th April, 2012**:

- Most recent CV;
- 1st Degree academic transcript(s)
- Certified copy of MPhil certificate;
- A statement of Research Objectives and how the applicant intends to use the Fellowship award to enhance his/her research output
- A 3-page (maximum) summary of the applicant's research proposal, clearly outlining the background, objectives, scope and methodology - a work plan and a budget on separate sheets must be attached.

Please read the announcement for details on the fellowship and application procedure.

1. PERSONAL INFORMATION					
SURNAME:		FIRST NAME(S):		TITLE:	
DATE OF BIRTH:		POSITION: <i>(i.e. Lecturer etc)</i>			
DEPT./FACULTY:		YRS OF SERVICE WITH UG:			
UNIVERSITY OF REGISTRATION:		DATE OF REGISTRATION:			
TARGET COMPLETION DATE: <i>(to complete & submit PhD Thesis by - DD/MM/YY)</i>		PROGRAMME TITLE & NAME: <i>(e.g. PhD Sociology)</i>			

2. CONTACT INFORMATION			
E-MAIL(S):		PHONE(S):	
POSTAL ADDRESS:			
HOME ADDRESS:			

3. RESEARCH INFORMATION	
TOTAL GRANT REQUESTED: <i>(Attach budget on a separate sheet)</i>	
THESIS TITLE: <i>Attach a 3-page (max.) PhD research proposal summary outlining the background, objectives, scope & methodology of the PhD research – a budget and a work plan on separate sheets must also be attached)</i>	
Principal Supervisor:	

4. DECLARATION BY APPLICANT

I,, hereby declare that all the information provided by me is correct.

Signed.....

Date.....

5. COMMENTS OF HEAD OF DEPARTMENT

(THIS SHOULD CLEARLY SHOW HOW THE APPLICANT WILL BENEFIT FROM THE SCHOLARSHIP AND ITS IMPACT ON YOUR DEPARTMENT. THE APPLICANT'S CONTRIBUTION TO THE DEVELOPMENT OF THE DEPARTMENT'S ACADEMIC AND RESEARCH PROFILE MUST ALSO BE CLEARLY SHOWN)

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Name of Head of Department:

Signed and Stamped:

Date:

6. ENDORSEMENT BY FACULTY DEAN

(BRIEF COMMENTS BY FACULTY DEAN)

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RECOMMENDED BY FACULTY DEAN YES ☐

NO ☐

Signed and Stamped:

Date.....

FOR OFFICIAL USE ONLY

DATE RECEIVED:

APPLICATION NUMBER: