

## THE UNIVERSITY OF THE WEST INDIES SCHOOL FOR GRADUATE STUDIES AND RESEARCH CAMPUS RESEARCH AND PUBLICATION FUND GRADUATE STUDENT SIGNATURE FORM

(i) The Campus Research and Publication Fund Committee only funds projects that undertake scholarly/academic research work <u>within</u> the student's area of research. NB: You must be in Year II and above to be eligible for research funding.

(ii) Applications are processed within six (6) weeks from the date of the submission of the application to Graduate Studies in the platform. Processing is delayed when a student fails to (a) acquire all the signatures required on the form including the Deputy Dean's signature of your respective faculty (refer to student manual) and (b) submit all the relevant documentation (in the specified format-refer to the checklist in student manual –page #16) required for your application.

(iii) NB: Students are required to submit a signature form with each grant application.

Name of Student (Block Letters)

For completion by the supervisor/s

- (iv) to be eligible for any category of student funding, the student should have successfully completed at least one (1) Graduate Research Seminar (upload the unofficial student transcript with this information in the platform)
- For completion by the student [(NB: Forward the thoroughly completed PDF Version of your application (Sections 1.2-1.6 requires detail. Each section must contain at least 400 words) and your support documents (refer to the checklist of documents required for each category funding) with this signature form first to your supervisor(s) for review and approval. Subsequently, acquire all other signatures before submission to Graduate Studies. The checklist is located on Page #16 and the list of Deputy Deans (by Faculty) is located on Page #12 of the student manual in the Student Section of the funding website: https://sta.uwi.edu/research/research-funding.

Purpose for funding (Supervisors are asked to verify the information below with the student's PDF grant application

Signature

Date

Have you submitted the <i>Supervisor's Progress Rep</i>	oort Form for this student?	☐ Yes ☐ No
Are you this student's official supervisor?   Yes	□ No	
Kindly note that <b>only the official supervisor is authe Supervisor signifies</b> that the activity described research capability.		
Name of Supervisor (Block Letters)	Signature	Date
Comments from Joint/Co-Supervisor (2) support the student's effort in completing his necessary).		
By signature below, the Joint/Co-Supervisor sign the student's research and/or research capability.	nifies that the activity describ	ped will contribute signif
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By signature below, the Joint/Co-Supervisor sign the student's research and/or research capability.	Signature	Date
By signature below, the Joint/Co-Supervisor signs the student's research and/or research capability.  Name of (Joint/Co-Supervisor)(Block Letters)	Signature t or Director, Unit, School	. Date
By signature below, the Joint/Co-Supervisor signs the student's research and/or research capability.  Name of (Joint/Co-Supervisor)(Block Letters)  For completion by the Head of Departmen	Signature t or Director, Unit, School o	. Date
By signature below, the Joint/Co-Supervisor signs the student's research and/or research capability.  Name of (Joint/Co-Supervisor)(Block Letters)  For completion by the Head of Department (attach additional page(s) where necessary):	Signature  t or Director, Unit, School of the second of th	. Date  or Institute:
By signature below, the Joint/Co-Supervisor signature student's research and/or research capability.  Name of (Joint/Co-Supervisor)(Block Letters)  For completion by the Head of Department Comments (attach additional page(s) where necessary):  Are you Acting on behalf of the HOD or Directory Name of Head/Director of Department/Unit/	Signature  t or Director, Unit, School of the second of th	Date  or Institute:  Date
By signature below, the Joint/Co-Supervisor signature below, the Joint/Co-Supervisor signature student's research and/or research capability.  Name of (Joint/Co-Supervisor)(Block Letters)  For completion by the Head of Department Comments (attach additional page(s) where necessary):  Are you Acting on behalf of the HOD or Directo  Name of Head/Director of Department/Unit/ School/Institute	Signature  t or Director, Unit, School of the second of th	Date  or Institute:  Date