THE UNIVERSITY OF THE WEST INDIES

ST. AUGUSTINE, TRINIDAD AND TOBAGO, WEST INDIES

OFFICE OF THE CAMPUS REGISTRAR

GRADUATE STUDIES AND RESEARCH

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**TERMS AND REFERENCE OF BURSARY/SCHOLARSHIP**

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| **Name of Institution Providing Bursary or Scholarship** |  |
| **Name of Bursary**  |  **Please insert here the exact name of the Bursary/ Scholarship** |
| **Faculty /Faculties****And Specific Programme****criteria** | **Please consider which programmes you would want the recipient to be attached to and the Faculty (See link for attached programme listing):**[**http://sta.uwi.edu/admissions/postgrad/programme\_types.asp**](http://sta.uwi.edu/admissions/postgrad/programme_types.asp) **)**E.g. - MSc Social Work - Faculty of Social Sciences, Department of Behavioural Sciences.  |
| Level of Study | M.Sc. or M.Phil./ Ph.D.  |
| Value of Award | **Please state value of the award** You can establish a figure that you wish but in order to see what this would allow a student, see Financial information booklet [**http://sta.uwi.edu/admissions/postgrad/finance.asp**](http://sta.uwi.edu/admissions/postgrad/finance.asp) .  |
| Eligibility /Criteria | **Please indicate if you wish the scholarship to be open to all students registered in the specified programmes that you have indicated (i.e. local, regional and international – tuition fees would vary in each category)** **Please clarify whether the selection criteria would include:**1. academic excellence only from the undergraduate degree i.e. first class or upper second
2. the review of academic results based on completion and performance in Semester one (1) examinations of the registered courses in the Masters programme.
3. A one page proposal on the student’s area of research for their thesis or project
 |
| Status of the Student: | **Please indicate whether the student should be full-time or a part-time student. NB:** Most part-time students are already in full-time employment |
| Duration of Award to student | **Please indicate the desired period of the Bursary/Scholarship for individual students (i.e. 1 year only; one year with option for extension; two years etc)** |
| Duration of Award to institution | **Please state the number of years that the scholarship would be available e.g. (one) 1 year etc.** |
| No of Awards Per Academic Year | **Please indicate the number of students to be sponsored each year.** |
| What does the bursary cover?: | **Please indicate whether you wish the scholarship to cover:** Tuition, books and living expenses, research costs etc |
| Internship (optional) | **Please advise whether the student should undertake an internship at your institution or an institution of your choosing and for what period of time.** |

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| **Sponsor Authorization:** | **UWI Graduate Studies, St. Augustine Authorization**  |
| Name of Authorizing Person on behalf of Sponsor:  | Name of Director: **Professor Patricia Mohammed** |
| Signature of Authorizing Person on behalf of Sponsor: | Signature of Director:  |
| Date: | Date: |