



THE UNIVERSITY OF THE WEST INDIES
ST. AUGUSTINE

THE BURSARY

APPLICATION FOR PAYMENT FROM RESEARCH GRANT

Please complete Section A of this form when requesting payment of your stipend and have Section B completed by your supervisor. The form should be returned to the Projects Section of the Bursary.

SECTION A

(Please complete in BLOCK Capitals)

NAME OF STUDENT..... STUDENT ID.....

FACULTY.....

NAME OF SUPERVISOR.....

.....
SIGNATURE OF STUDENT

SECTION B

I certify that Ms./Mr. is assisting with the research project:-

Name of Project:.....

..... Account No.:.....

and I recommend the payment of \$..... which is due for the month of

.....
SIGNATURE OF SUPERVISOR

.....
DATE