THE UNIVERSITY OF THE WEST INDIES
GRADUATE STUDIES AND RESEARCH
CAMPUS RESEARCH AND PUBLICATION FUND
GRADUATE (M.PHIL./PH.D.) STUDENT SIGNATURE FORM

(i) The Campus Research and Publication Fund Committee only funds projects that undertake scholarly/academic research work **within 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.

(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 before signing this form):

☐ **Conference Attendance:** Paper Presentation ☐ or Poster Presentation ☐

NB: The acceptance letter (with a letterhead) /email (full email thread from conference organizers) must be addressed to the student and state the title of the accepted paper and mode of presentation.

Clearly state the Full Title, Theme, and full Venue of the Conference:_____

_____

Was this Paper or Poster presented at a previous conference / event?: Yes ☐ No ☐ If yes, where?:

_____

☐ **Postgraduate Training** at an overseas: Laboratory☐ University ☐ Other (specify) _____

Title and Venue of Postgraduate Training: _____

_____

☐ **Fieldwork/ Data Collection**: Please specify: _____

- Have you requested the Ethics Approval / Waiver / Exemption for your area of research/thesis? **Yes** ☐ **No** ☐

☐ **Article Processing Charges for Publication:** Please specify: _____

☐ **Other:** Please specify: _____

Comments from Student: _____

_____

…… …… ……

Name of Student (Block Letters) **Signature** **Date**

- **For completion by the supervisor/s**
  - **Comments from supervisor (1)** *(Include report on student's progress to date).* How will this funding support the student's effort to complete his/her research on time. *(Attach additional page(s) where necessary):*

_____

_____

_____

Have you submitted the ***Supervisor's Progress Report Form for this student***? ☐ Yes ☐ No

Are you this student's official supervisor? ☐ Yes ☐ No

Kindly note that **only the official supervisor is authorized to sign this grant application.** By signature below, **the Supervisor signifies** that the activity described will contribute significantly to the student's research and/or research capability.

…… …… …….

Name of Supervisor (Block Letters) **Signature** **Date**

  - **Comments from Joint/Co-Supervisor (2)** *(Include report on student's progress to date).* How will this funding support the student's effort in completing his/her research in a timely manner? *(Attach additional page(s) where necessary).*

_____

_____

By signature below, **the Joint/Co-Supervisor signifies** that the activity described will contribute significantly to the student's research and/or research capability.

…… …… …….

Name of (Joint/Co-Supervisor)(Block Letters) **Signature** **Date**

- **For completion by the Head of Department or Director, Unit, School or Institute:**

Comments *(attach additional page(s) where necessary)*: _____

_____

Are you Acting on behalf of the HOD or Director? ☐ Yes ☐ No

…… …… ……

Name of Head/Director of Department/Unit/ School/Institute **Signature** **Date**

- **For completion by the Deputy Dean or Member, Campus Research and Publication Fund Committee – (see listing below)**

Comments *(attach additional page(s) where necessary)*: _____

_____

Signature: _____ **Date: _____**

Deputy Dean or Member, Campus Research and Publication Fund