QUEEN'S UNIVERSITY, BELFAST

SCHOOL OF MEDICINE, DENTISTRY & BIOMEDICAL SCIENCES

APPLICATION FOR AN INTERCALATED DEGREE - (2022/2023)

NAME [IN FULL]:	
HOME ADDRESS:	
TELEPHONE NO:	 E:MAIL:
STUDENT NO:	 YEAR OF STUDY:

UNDERGRADUATE STUDENT IN: MEDICINE / DENTISTRY [please delete as appropriate]

EDUCATION AND LIBRARY BOARD Name: Full Address:	FINANCIAL HARDSHIP: [ANY SPECIAL CIRCUMSTANCES YOU WISH TO BE TAKEN INTO ACCOUNT]			
DEGREE PATHWAY:				
TITLE OF RESEARCH PROJECT	SUPERVISOR(S):			
1 st choice:				
2 nd choice:				

STUDENT SIGNATURE:	DATE:
COURSE CO-ORDINATOR SIGNATURE:	DATE:

PLEASE RETURN YOUR FORM TO THE INTERCALATED DEGREE COURSE CO-ORDINATOR (details in handbook).

CLOSING DATE FOR RECEIPT OF APPLICATIONS:

- FRIDAY 28th JANUARY 20202 [for those students who wish to be nominated for funding a Generic Application Form must accompany this form: see guidelines below] or
- FRIDAY 29th APRIL 2022 [for consideration but without funding]

GENERIC APPLICATION FORM FOR CONSIDERATION FOR FUNDING OF THE INTERCALATED AWARD PROGRAMME

CLOSING DATE: FRIDAY 28TH JANUARY 2022

(This information must accompany the general application form)

- Student name, student number and contact details (including email and/or mobile telephone number)
- **Curriculum Vitae:** To be completed as fully as possible and should include the following details: education, examinations, academic awards, performance at medical/dental school to date, extra-curricular activities, other interests). Relevant experience (eg. pertinent SSCs).
- **Potential research area and supervisor**: Please provide as much information as possible (especially clinical/healthcare delivery relevance).
- **Personal statement**: Why do you want to apply for this award? Think about the potential area of research, your motivation, how it may help in the field of medicine/dentistry and one's own career aspirations.