

QUEEN'S UNIVERSITY, BELFAST

SCHOOL OF MEDICINE, DENTISTRY & BIOMEDICAL SCIENCES

APPLICATION FOR AN INTERCALATED DEGREE - (2022/2023)

NAME [IN FULL]: [Block Capitals]

HOME ADDRESS:

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TELEPHONE NO: E:MAIL:

STUDENT NO: YEAR OF STUDY:

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

EDUCATION AND LIBRARY BOARD		FINANCIAL HARDSHIP: [ANY SPECIAL CIRCUMSTANCES YOU WISH TO BE TAKEN INTO ACCOUNT]	
Name: Full Address:			
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 29TH APRIL 2022