QUEEN'S UNIVERSITY, BELFAST

SCHOOL OF MEDICINE, DENTISTRY & BIOMEDICAL SCIENCES

APPLICATION FOR AN INTERCALATED DEGREE - (2022/2023)

NAME [IN FULL]: ..... [Block Capitals]

HOME ADDRESS: .....

.....

TELEPHONE NO: ..... E:MAIL: .....

STUDENT NO: ..... YEAR OF STUDY: .....

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

DEGREE PATHWAY:	
TITLE OF RESEARCH PROJECT	**SUPERVISOR(S):**
1st choice:	
2nd 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***