

# QUEEN'S UNIVERSITY, BELFAST

## SCHOOL OF MEDICINE, DENTISTRY & BIOMEDICAL SCIENCES

### APPLICATION FOR AN INTERCALATED DEGREE - (2020/2021)

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]

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

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:**

-- **THURSDAY 30<sup>th</sup> APRIL 2020**