

QUEEN'S UNIVERSITY, BELFAST

SCHOOL OF MEDICINE, DENTISTRY & BIOMEDICAL SCIENCES

APPLICATION FOR AN INTERCALATED DEGREE - (2019/2020)

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]

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 1 st choice: 2 nd choice:	SUPERVISOR(S):

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 31st JANUARY 2019** [for those students who wish to be nominated for funding – a Generic Application Form must accompany this form: see guidelines below]
- **or**
- **TUESDAY 30th APRIL 2019** [for consideration but without funding]

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

CLOSING DATE: THURSDAY 31st JANUARY 2019

(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.