

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:

-- **TUESDAY 30th APRIL 2019**