QUEEN’S UNIVERSITY, BELFAST

SCHOOL OF MEDICINE, DENTISTRY & BIOMEDICAL SCIENCES

# **APPLICATION FOR AN INTERCALATED DEGREE - (2024/2025)**

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]

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| --- | --- | --- |
| 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**  1st choice:  2nd 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:

### *- FRIDAY 26th JANUARY 2024 [for those students who wish to be nominated for funding –*

### *a Generic Application Form must accompany this form: see guidelines below]*

### *or*

### *- FRIDAY 26th APRIL 2024 [for consideration but without funding]*

Generic Application Form for consideration for FUNDING OF THE intercalated award programme

**CLOSING DATE: FRIDAY 26TH JANUARY 2024**

(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.**