

Departmental Studentship Form (Postgraduate)

From:	Date:
Department / School / Faculty:	

Applicant Name:	PID Number:
Applicant's Home Country:	Course Applied For:

Details of Award

Tuition Fees	<input type="checkbox"/> Award to cover full fees at the UK/EU level Or <input type="checkbox"/> Award to cover full fees at the O/S level Or <input type="checkbox"/> Award to cover partial fees at the level of £.....
Stipend	<input type="checkbox"/> Stipend at the Research Council UK level Or <input type="checkbox"/> Stipend at the fixed level of £..... Or <input type="checkbox"/> No Stipend associated with this award
Duration of Award (i.e. 1,2,3 years)	
Funding Source	<input type="checkbox"/> Internal <input type="checkbox"/> External* <small>* if externally funded, please check work order/grant code with Vanessa Westbury (vww@aber.ac.uk)</small>
Name of Funding Source	
AU Account Number (4 digits)	
AU Work Order / Grant Code	
Comments	

On behalf of the Academic Department/School/Faculty:

Name:	Signature:

Please return this complete form to the Postgraduate Admissions Office
 (pg-admissions@aber.ac.uk)