FOR OFFICE USE ONLY

AMOUNT AWARDED

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| **Application for St. Catharine’s College Graduate Travel and Research Funds****Part I – To be completed by the applicant** |
| Name of applicant: |  | Email address: |  |
| Degree (e.g. PhD/MPhil): |  | Year of study: |  |
| Subject (e.g. English): |  |
| **1. Application details****1a. Reason for travel or research expenditure; relevance for and importance to research or course study:** |
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| **1b. Have you received any contributions from other sources towards these costs? If so, please give details:**  |
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| **1c. Are you applying to any other sources for a contribution towards these costs? If so, please give details including amount applied for and expected date of decision on funding from these sources:**  |
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| **2. Details of expenditure**1. **For travel, summary of travel itinerary (location, dates) and costs (please provide full breakdown of all travel and subsistence expenditure).**
2. **For research expenditure, details and costs of each item required.**

*NB Research equipment costs are generally deemed to be a departmental responsibility: please only apply for equipment in exceptional cases, stating why the department cannot fund this item.* *The Graduate Fund does not cover membership fees to organisations.* |
| Travel dates and destination: |   |
| Conference fees: |  |
| Accommodation: |  |
| Travel costs: |  |
| Other costs and further details: |
| External funding secured (See 1b): | £ |
| Funding sought elsewhere (See 1c): | £ |
| Total cost: | £ | Amount of College contribution sought: |  |
| **3. Payment details and confirmation**We will pay any successful awards directly into a UK bank account. Please provide details of your current bank account below: |
| **BANK DETAILS** |
| Name of bank: |  |
| Address of bank: |  |
| Sort Code: |  |
| Account number: |  |
| Name on the account: |  |
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| **I confirm that the information which I have given on this application is complete and true** |
| Signature |  | Date |  |

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| Part II – To be completed by the supervisor |
| Name of Supervisor: |  | Email: |  |
| Student you are supporting: |  |
| Department/Faculty/Research Group: |  |
| Please provide a brief assessment of the relevance of this project for the student’s research/course:  |
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| **Why cannot this project be funded by your Department/Faculty/Research Group? (if some of the project is funded via Department resources, please explain why it could not be funded in full).**  |
|  |
| Supervisor’s signature: |  | Date: |  |
| Once completed, please send this application form to:Graduate Administrator, St Catharine’s College, Cambridge.Email: Grad.admin@caths.cam.ac.uk  |