



DIRECTORATE OF RESEARCH DEVELOPMENT

APPLICATION FOR RESEARCH FUNDING 2011

WSU Staff Studying Elsewhere

(Please note that the Directorate of Research Development Grants are for the research component of your studies)

1. DETAILS OF APPLICANT

Surname:..... Maiden Name:.....

First Name(s):..... ID Number:.....

Citizenship:

Title: Prof.....Dr.....Mr.....Mrs.....Ms.....Other (specify).....

Gender: FemaleMale:.....

Department:.....

Faculty:

Position:.....

Office extension.....Cell number..... Email address:

2. Do you currently hold a WSU Postgraduate Research Grant? If yes attach progress reports.

3. Further Details:

Is the grant applied to be used towards acquiring a further qualification: Yes/No.....

If Yes, for what qualifications: Masters/Doctorate/Other (specify).....

If funded, please attach a summary report on your previous research project (s) funded by WSU. You must also submit evidence of research results, and at least one manuscript (not only conference/workshop attendance and presentations). The material must demonstrate publication standing in a SAPSE accredited journal. If you have been funded more than once, you must submit proof of published (s) article in a SAPSE accredited journal.

4. Expected Research Outputs

The successful execution of the project will be related to the following;

- Conferences and Conference proceedings;
- Journal Articles (SAPSE Accredited); and
- Mentoring activities (where applicable)



5. Please attach a 4-6 page proposal, which should include the following information:

Research Title/Topic; Research Team and area of specialization, Description of Research Problem; Significance of Investigation; Rationale for the study; Research Design / Methodology; Expected outputs; Itemized budget (must include research running costs, including fieldwork, laboratory analyses, research assistance for researchers in university management positions, travels, data interpretation etc.), Leave requirements, if any.

Please note this submission is very important in deciding award of grant and must be included

6. Name of Institution:.....

Course Name and Level:.....

Name of Supervisor (s).....

Statement of support from Supervisor:.....

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Signature of Supervisor:..... **Date:**.....

Signature of Applicant..... **Date:**.....

Statement by Director of School/School Research Chair

This proposal is supported / not supported.....

(If not supported, give reasons)

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Signature of School Research Chair/Director of School..... **Date**.....

Statement by Faculty Research Committee

This proposal is supported / not supported.....

(If not supported, give reasons).....

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Signature of Faculty Research Chair/Executive Dean:..... **Date:**.....

Statement by Senate Research Committee

This proposal is supported / not supported.....

(If not supported, give reasons).....

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Signature of Senate Research Committee Chair/Director of Research Development:..... **Date:**.....