



## Application for Research Funding

**Grant open for Master Students registered with the Faculty of Medicine and Surgery**

Date of Application: \_\_\_\_\_

Amount requested:  ID Number of Applicant:

Name of Applicant: \_\_\_\_\_

Email address of Applicant: \_\_\_\_\_

Course: \_\_\_\_\_ FT/PT

Name of Supervisor: \_\_\_\_\_

### Documents submitted with the application

<input type="checkbox"/>	Research Proposal plus Covering Letter
<input type="checkbox"/>	Supervisor's endorsement
<input type="checkbox"/>	Faculty Research Ethics Committee (FREC) Approval
<input type="checkbox"/>	Budget including a breakdown of expenses
<input type="checkbox"/>	Informed consent & Data Protection
<input type="checkbox"/>	Bench Fees form

This application and all the above documents must be sent by email to: **researchgrants.ms@um.edu.mt**  
**by not later than Tuesday, 01 April 2025.**

### Comments:

### FOR OFFICE USE ONLY

Date of Application: \_\_\_\_\_

Eligible for Interview      Yes ☐      No ☐

Reason

Date of Ad hoc Committee Meeting: \_\_\_\_\_