

# SCHOOL OF PSYCHOLOGY

## POSTGRADUATE STUDENT RESEARCH FUND APPLICATION

1. **Student Name:** \_\_\_\_\_

**Student ID:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Email/Phone:** \_\_\_\_\_

**Degree Enrolled in/Credits:** \_\_\_\_\_ / \_\_\_\_ Credits

**Date of Provisional Registration:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Doctoral Students only)

**Date of Funding Application:** \_\_\_\_/\_\_\_\_/\_\_\_\_

2. **Supervisor's Name:** \_\_\_\_\_

**Campus:** \_\_\_\_\_

3. **Project Title:** \_\_\_\_\_

4. **Summary of grant requested and Committee decision:** *(Shaded areas are for Office Use only)*

| Item (descending priority) | Requested (\$) | Decision (\$) |
|----------------------------|----------------|---------------|
| 1.                         |                |               |
| 2.                         |                |               |
| 3.                         |                |               |
| 4.                         |                |               |
| 5.                         |                |               |
| 6.                         |                |               |
| <b>Total</b>               |                |               |

Subject to Approval of Committee on:  Human Ethics  Animal Ethics  Genetic Technology

5. Received by: \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Approved by: \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Account No.: \_\_\_\_\_  
 Supervisor Notified by  
 (Email / Phone ): \* \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Student Notified by  
 (Email / Phone ): \* \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
 \* *Delete as appropriate*

6. **Support from ALL other sources for this students research project:**

| Year(s) | Sum (\$) | Purpose |
|---------|----------|---------|
|         |          |         |
|         |          |         |
|         |          |         |
|         |          |         |

7. **How has ethical approval for this research been obtained?** (Please tick appropriate box)

|  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> External Ethics Committee | <input type="checkbox"/> Massey Ethics Committee | <input type="checkbox"/> Animal Ethics Committee | <input type="checkbox"/> Low Risk / Peer Review |
|--|--|--|---|

8. **Project Description:** (use separate page if required)

**9. Justification of budgeted items and how costs are calculated:** (use separate page if required)

**10. Supervisor's comments:** (use separate page if required)

**Signed:**

**Date:** \_\_\_/\_\_\_/\_\_\_

*Completed applications should be submitted to the School of Psychology Campus Secretary, as appropriate, for approval by the local Campus Co-ordinator.*