

DEPARTMENT OF PATHOLOGY UNIVERSITY OF CAMBRIDGE

Graduate Student Hardship Award Scheme

Applicants should read the accompanying Notes of Guidance before completing this form.

1	Surname (Family Name)	Forenan	ne(s	3)		Title
				,		
2	Address		Fr	nail		
_	71000			iiuii		
3	Country in which you are ordinarily re	esident (v	vhe	n not at Cambridge)	4 Col	llege
						- 0 -
5	Division		6	Supervisor		
<u> </u>	DIVISION		U	Ouper visor		
7	Designation Date		0	Davied for which you	a a a la fina	anaial augment
7	Registration Date		8	Period for which you	seek tin	anciai support
8a	8a State the purpose for which you seek a Hardship Award					
8b	When do you expect to write up you	ır disserta	itior	if you have not alread	ly begur	n to?

8c When do you expect to submit your dissertation?							
8d If the period under section 8 above is later than your 9 th term of research, please explain why your work has needed to take more than 9 terms (see note 3)							
work has needed to take more than a terms (see note 3)							
9 Please provide the	he following financial information in	relation to the	period applied for in	n 8 above			
Expenses:	University Composition Fee		£				
	College Fee		£				
	Food and Accommodation		£				
	Other (please specify)		£				
Total expenses for period applied for £							
Income:	Give full details of all sources of (including income from other awa		period				
			£				
Total ir	ncome for period applied for		£				
Please state total monthly cost of your accommodation: £							
Please state the sum you seek through this application: £							
10 Please explain why your original source of funding is now inadequate or unavailable. Please also explain why you believe your need to have been <i>unforeseeable</i>							

	Where the outcome is not yet known, please indicate when				
12 I confirm that the information which I have given in this application is complete and true					
Signature:	Date:				
13 Signature of supervisor (to confirm the	information as correct)				
Name in print:					
Signature:	Date:				

What to do now:

- Having taken a copy of this application, send the original to: The Departmental Secretary for Academic Services, Department of Pathology, Tennis Court Road, Cambridge, CB2 1QP
- No application will be considered without the signature of both applicant and supervisor

It is the applicant's responsibility to ensure that the supervisor signs the form in good time before the deadline. Applications are considered twice yearly by the committee, in December and in April/May.

Date received:	For consideration at meeting on:
Dale received	For consideration at meeting on.