

**COLLEGE OF SCIENCE POSTGRADUATE SCHOLARSHIP AWARD SCHEME
KNUST-KUMASI
APPLICATION FORM**

TITLE (DR/MR./MRS./MISS/REV)	
FULL NAME (FIRST MIDDLE SURNAME)	
DATE OF BIRTH (DD/MM/YYYY)	
DEPARTMENT	
PROGRAMME (MPHIL/PHD)	
YEAR (1,2,3,4)	
EMAIL	
MOBILE	
QUALIFICATIONS (ACADEMIC DEGREES)	
ARE YOU CURRENTLY ON ANY SCHOLARSHIP OR FUNDING? YES/NO? IF YES STATE:	
RESEARCH TOPIC:	
ABSTRACT OF RESEARCH PROPOSAL (500 WORDS MAXIMUM)	
SUPERVISOR(S):	
SUPPORTING DOCUMENTS (CV: 4 pages maximum, REFERENCE LETTER: 1-2 pages maximum)	
SIGNATURE	
DATE	

Declaration: I declare that all information provided are true and valid. Any false information would result in disqualification and even if detected after the award has been granted, I would be liable to refund the total amount.

NOTE: This Application form should not exceed 10 pages when completed.

The completed application form should be submitted to the respective Department and copy to the office of the Provost (provost.sci@knust.edu.gh).