

**UNDERGRADUATE RESEARCH OPPORTUNITIES PROGRAMME (UROP)**

 **APPLICATION FOR UROP FUNDING**

The completed application form and relevant supporting documents should be submitted to:

Attn: Ms Tay Gek Sun Sherline (medtgss@nus.edu.sg)

CC: Your supervisor’s institutional email

**Note**

UROP students are allowed to claim **up to a maximum of S$500/-** per research project for the **listed items.**

Please attach the supporting documents (original copies of quotation/invoice/receipt) with the application.

Financial assistance is provided for UROP students on a reimbursement basis.

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| 1. Supplies and materials, laboratory consumables, animals and drugs which are necessary for the successful execution of the funded project
2. Incentives for volunteers and research subjects
3. Photocopying and printing charges of questionnaire
4. Retrieval of Medical Notes
5. Stationery and Printer Consumables (i.e printer cartridges)
6. Local and overseas conference registration fees
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| PART I - TO BE COMPLETED BY STUDENT |

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| Name:  |  | Student Matriculation No.: |  |
| Year of Study: | [ ]  M1 [ ]  M2 [ ]  M3 [ ]  M4 [ ]  M5 | Contact No. (Mobile): |  |
| Project Title: |  |
| Amount Requested: |  |
| Details and justifications for the requested amount: |  |
| Breakdown of the items requested: |  |
| I declare that the information provided above is correct to the best of my knowledge. |
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| Signature of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **PART II - TO OBTAIN ACKNOWLEGDMENT AND APPROVAL FROM SUPERVISOR(S)** |

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| 1. | Please obtain acknowledgement and approval from your supervisor(s) before application.The email approval request should be sent to your supervisor’s institutional email.  |
| 2. | The approval email must be attached with this application form.  |
| 3. | Please also CC your supervisor’s institutional email when submitting this form for WHBS funding. |
| 4. | Name of Supervisor(s): |  |
| 5. | [ ]  **Supported**[ ]  **Not Supported** |