

## DEPARTMENTAL STUDENTSHIP PRO-FORM FOR POSTGRADUATE APPLICANTS

FROM: ..... DATE: .....

DEPT. / INSTITUTE /  
SCHOOL: .....

APPLICANTS NAME: .....

COUNTRY: COURSE: .....

TYPE OF AWARD: .....

TUITION FEES:  Yes, award to cover full fees  
OR  
 Yes, award to cover partial fees at the level of £.....

STIPEND:  Yes, at the Research Council UK level  
OR  
 Yes, at the fixed level of £.....  
OR  
 No stipend associated with this award

**DURATION OF AWARD**  
(i.e. 1, 2, 3 years): .....

FUNDING SOURCE: .....

**WORK ORDER**

--	--	--

**COMMENTS:**

**On behalf of the academic department:**

NAME: ..... SIGNATURE: .....

*If relevant, on behalf of the support department (e.g. International Office, RB&I):*

NAME: ..... SIGNATURE: .....

**PLEASE RETURN THIS FORM TO POSTGRADUATE ADMISSIONS:**

If you have any queries, please contact

The Postgraduate Admissions Office, First Floor, Cledwyn Building, Penglais Campus, Aberystwyth University  
Aberystwyth, Ceredigion, SY23 3DD [pg-admissions@aber.ac.uk](mailto:pg-admissions@aber.ac.uk); 01970 622023