

Canaanland, Km 10, Idiroko Road, P.M.B.1023, Ota. Ogun State, Nigeria

RESEARCH SEED GRANT SUPPORT APPLICATION FORM

1. **Type of Grant** (*Tick the appropriate box*): Individual Group

2. **Cluster Name:** _____

3. **Applicants & Participants Information:**

S/N	Name	College	Department	Highest Degree	Phone (Mobile No.)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

4. **Research Topic:** _____

5. **Brief Introduction:**

6. State briefly the objectives of the Research:

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

7. The Methodology: _____

8. State briefly the contributions of the Research: _____

State briefly the justification of the Research: _____

9. State the procedural steps of the Research: _____

10. Budget (Attach Breakdown details please)

S/N	Description	Cost (N)
1	Transportation	
2	Accommodation & Feeding	
3	Miscellaneous Expenses (<i>List them below</i>)	
4		
5		
7		
8.		
9.		
10		
11		
12	Others (Specify)	
	Grand Total	

11. Expected Duration:

Proposed Commencement date: _____ Duration: _____

Expected End date: _____

Principal Investigator _____

Name: _____ Signature: _____ Date: _____

12. Recommendation by Cluster Head _____

Name: _____ Signature: _____ Date: _____

13. Recommendation by the Director, CUCRID: _____

Name: _____ Signature: _____ Date: _____

14. Vice Chancellor's Approval: _____

Signature: _____ Date: _____

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For Financial Services Use ONLY

15. Director, Financial Services: _____

Signature: _____ Date: _____

*Support Grant No.: _____

Name: _____ Signature: _____ Date: _____

** Financial Services: This page containing the disbursed sum and grant number should be sent to CUCRID for documentation (copy needed)*