

## STUDENT NETWORK APPLICATION FORM

## **CONTACT DETAILS**

Complete as appropriate Name Email address Mobile University Supervisor (primary) Supervisor (secondary)

Course length (no. of years)

PhD student

Masters student

Please attach proof of student status (i.e. course acceptance letter when returning form).

Brief description of research interests or main research project:

IN ASSOCIATION WITH:





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Return completed form to CUPGRA at the address or email below