

CONTACT DETAILS

Complete as appropriate

Name

Email address

Mobile

University

Supervisor (primary)

Supervisor (secondary)

Course length (no. of years)

**Return completed form to CUPGRA
at the address or email below**

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:

