

APPLICATION FORM –SCHOOL OF BIOLOGICAL SCIENCES SUMMER SCHOLARSHIP 2017/2018

STUDENT DETAILS					
ID Number		Surname:		First Name:	
Address:					
Phone No:			E-mail:		
<input type="checkbox"/>	I have attached my academic transcript to date including course work completed, year of completion and results obtained. (Unofficial Access Adelaide copy is acceptable)				
<i>Please list a maximum of two laboratories in the School in which you wish to undertake a summer scholarship.</i>					
SCHOLARSHIP DETAILS					
Laboratory / supervisor 1:					
Proposed commencement date:			Proposed Completion date:		
Supervisor's signature*					
Laboratory / supervisor 2:					
Proposed commencement date:			Proposed Completion date:		
Supervisor's signature*					
<u>For attention of Supervisor*</u> * I confirm that I have met with the above applicant and discussed the possibility of a School of Biological Sciences summer vacation scholarship in my laboratory.					
Applicant's Signature:			Date:		

Please return the completed form and unofficial academic transcript to:

Mrs Jennifer Peters
 School of Biological Sciences
 Molecular Life Sciences Reception
 Molecular Life Sciences Building
 The University of Adelaide
 Adelaide SA 5005

List labs in order of preference

Order	Lab
1	
2	

Deadline by: Friday, 13 October 2017, 4:00pm

Please indicate what other external scholarships you are applying for:

1.	
2.	
3.	