



APPLICATION FORM –SMBS SUMMER VACATION SCHOLARSHIP 2011/2012

| STUDENT DETAILS | | | |
|--|---|---------------------------|-------------|
| ID Number | | Surname: | First Name: |
| Address: | | | |
| | | | |
| Phone No: | | E-mail: | |
| <input type="checkbox"/> | I have attached my academic records to date including course work completed, year of completion and results obtained. | | |
| <i>Please list a maximum of three 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* | | | |
| Laboratory / supervisor 3: | | | |
| Proposed commencement date: | | Proposed Completion date: | |
| Supervisor's signature* | | | |
| For attention of Supervisor* | | | |
| * I confirm that I have met with the above applicant and discussed the possibility of a School of Molecular and Biomedical Science summer vacation scholarship in my laboratory. | | | |
| Applicant's Signature: | | Date: | |

Please return the completed form and academic records to:

Mrs Jennifer Peters
Learning & Teaching Centre
School of Molecular & Biomedical Science
Molecular Life Sciences Reception
Molecular Life Sciences Building
The University of Adelaide
Adelaide SA 5005

Deadline by: Friday, 14 October 2011, 4:00pm

Please indicate what other external scholarships you are applying for:

| | |
|----|--|
| 1. | |
| 2. | |
| 3. | |