



Application for Research Funding

Grant open for Master Students registered with the Faculty of Medicine and Surgery

Date of Application: _____

Amount requested: ID Number of Applicant:

Name of Applicant: _____

Email address of Applicant: _____

Course: _____ FT/PT

Name of Supervisor: _____

Documents submitted with the application

<input type="checkbox"/>	Research Proposal plus Covering Letter signed by the Applicant and the Supervisor
<input type="checkbox"/>	Supervisor's endorsement
<input type="checkbox"/>	Faculty Research Ethics Committee (FREC) Approval
<input type="checkbox"/>	Budget including a breakdown of expenses signed by the Applicant and the Supervisor
<input type="checkbox"/>	Informed consent & Data Protection
<input type="checkbox"/>	Bench Fees form signed by the Applicant, the Supervisor and the UM Head of Department

This application and all the above documents must be sent by email to: **researchgrants.ms@um.edu.mt** by not later than **Wednesday, 01 July 2026**.

Comments:

FOR OFFICE USE ONLY

Date of Application: _____

Eligible for Interview Yes No

Reason

Date of Ad hoc Committee Meeting: _____