**NCU COLLEGIUM MEDICUM IN BYDGOSZCZ**

## **APPLICATION FOR FINANCING OF A STUDENT RESEARCH STUDY (SBN)**

|  |  |
| --- | --- |
| **Project title**: | **Project no.: SBN**...............**/**..........**Submission date: .**.............................. |
| **Project Supervisor**:Title: Full name: Place of employment: Phone no.:  | **Type of application**:  Research using reagents  Theoretical research  |
| Researchers-students (full name, field and year of study): | **Consent of heads of all units involved**: |
| **Did students participate in SBN projects in previous years:** YES NO**If yes, please provide:**  **full name of student:**  **full name of project Supervisor:**  **title and duration of project:****Consent of Vice-Rector for Student Affairs:** | Cost estimation:1.Planned: PLN 2. Approved: PLN |
| **Declaration of project Supervisor**:1. on not financing the project from statutory activity fund, grants awarded by State Committee for Scientific Research or other institutions, e.g. other universities;2. on undertaking to submit a financial settlement of the funding obtained for a given year no later than on 15 January of the following year;.......................................... (signature)Researchers-students are obliged to submit a report on project results to STN Board. .................................................................................................. (signatures) |
|
|
| **Synthetic information about the project****A. Main research hypotheses and the purpose of exploring this research topic:**  |

|  |
| --- |
| B. Material (number of planned studies divided into groups):**C.** **Methodology:** |
| **D. Expected results:** |
| **E. Information about equipment:**Equipment available at the Department needed to carry out the project:  |
| **F. Research schedule:**1. date of finishing the experimental part: Month – Year –
2. date of finishing the results analysis: Month – Year -
 |
|  ................................................................... ................................................................. (date and signature of Researchers-students) (date and signature of project Supervisor) |
| **Notes:** |  I approve  I suggest changes  I do not approve ................................ ............................................... date Vice-Rector for Research |