**NCU COLLEGIUM MEDICUM IN BYDGOSZCZ**

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

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| **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) | |
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| **Synthetic information about the project** **A. Main research hypotheses and the purpose of exploring this research topic:** | | |

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| 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 |