

INSTITUTE OF MEDICAL SCIENCE INTERNATIONAL STUDENTS ENTRANCE AWARD
Application Form

Full Name: _____

Student /Application Number: _____

Program applied to: MSc _____ PhD _____

Summary of Academic History

Years of Study	Degree obtained	Year Graduated	Program of Study	University

Source of Funding: _____

Proposed supervisor: _____

Other universities/departments you are applying to: _____

Applicant Signature

Date