

## ASSOCIATION OF AFRICAN UNIVERSITIES

## SMALL GRANTS FOR POST GRADUATE THESES&DISSERTATIONS

## APPLICATION FORM

SECTTION A: PE	RSONAL DATA							
Applicant's name: [Last Name]			First: [First Name]			Title: [Choose an item]		
Institution of Study:					Degree of Study: [Choose an item]			
Area of Study:			Are you a University Staff/Lecturer?: Yes			No 🗆		
			Specify Institution					
Nationality:			Region: [Choose an item]					
Gender: Applicant's Postal Address:						Applicant's Email:		
Telephone (cell):			Fax:					
Proposal Title:				Supervisor(s):				
Project Budget: Project Star (US\$) Click here t			a date.	Department:	Department:			
		Project End Date: Click here to enter a date.			Supervisor's Email:			
SECTION B: PROJECT DETAILS (please complete in Times New Roman 12 pt, single line spacing)								
STATEMENT OF THE PROBLEM & LITERATURE REVIEW:								
STUDY OBJECTIVES:								
THEORETICAL FRAMEWORK:								
and the second								
HYPOTHESIS:								

METHODOLOGY (to include full description of n	nethods for data collection and analysis):							
PROJECT BUDGET:								
BUDGET ITEM	AMOUNT (US\$)	BUDGET NOTES						
		A. J. A. J.						
DECLARATION :								
confirm that the information provided for the purposes of this								
application are to the best of my knowledge true.								
Date: Click here to enter a date.	Signature:							