



Application Form
RESEARCH GRANT
Programme Suds

Academic Supervisor at the Host Institution (*DO NOT fill this section before consulting IFRA-Nigeria for UI students*)

NAME:

Email:

Host Unit within the Institution:

The supervisor agrees to support the preparation of the application, to define the programme of the stay with the invited student, and to ensure its implementation.

Master's/PhD Supervisor of the Student

NAME :

Email :

Host Unit within the Institution:

The supervisor undertakes to oversee the preparation of the application, to define the programme of the stay in consultation with the visiting student, and to review the final report upon completion of the stay.

Student Applicant

LAST NAME:

First Name:

Email:

Date of Birth:

Nationality:

Current Level of Study:

Current Institution:

Preferred Duration of Stay (one month, or extension without financial support):



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Preferred Period of Stay:

Research Topic:

Abstract (maximum 5 lines):

Where applicable: Institutional partnerships associated with this invitation.

**Description and Timeline of the Activities Planned within the Framework of this Invitation
(maximum 2,000 characters):**