



**KENYATTA UNIVERSITY
GRADUATE SCHOOL**

**APPLICATION FOR RESEARCH FUNDS BY POSTGRADUATE STUDENTS
(TO BE FILLED IN DUPLICATE)**

NAME OF STUDENT: _____

REGISTRATION NO. _____

NAME OF DEGREE REGISTERED FOR _____

DEPARTMENT _____

NAME(S) OF SUPERVISOR(S): _____

TITLE OF RESEARCH/PROJECT: _____

1. **EQUIPMENT** (NAMES OF ITEMS, COST PER UNIT)

TOTAL COST KSHS : _____

2. **TRAVEL** PLACE TO BE VISITED, DISTRICT, NUMBER OF TIMES, COST

TOTAL COST KSHS: _____

3. **SUBSISTENCE** (NUMBERS OF NIGHTS/PLACES)

TOTAL COST KSHS: _____

4. **ASSISTANCE** (PURPOSE, NUMBER, DURATION, RATE)

TOTAL COST KSHS. _____

5. **COMPUTER TIME** (DURATION, RATE, COST _____)
TOTAL COST KSHS: _____

6. **OTHER (SPECIFY)** _____
TOTAL COST KSHS: _____

7. **TOTAL AMOUNT REQUESTED:**
a) _____
b) _____
c) _____
d) _____
e) _____
f) _____
TOTAL COST KSHS: _____

8. **COMMENTS BY SUPERVISOR:** _____

9. **COMMENTS BY CHAIRMAN:** _____

10. **COMMENTS BY THE DEAN:** _____

11. **STUDENTS FINANCE SECTION**
Amount of Research Funds Available: Kshs: _____
Name: _____ Signature _____ Date: _____

12. **COMMENTS BY THE DEAN, GRADUATE SCHOOL**
Please approve Kshs: _____ for Research
Name: _____ Signature: _____ Date: _____

13. **COMMENTS BY REGISTRAR (ACADEMIC)**
I do / do not approve Kshs: _____
Name: _____ Signature: _____ Date: _____

14. **COMMENTS BY THE CHIEF ACCOUNTANT**

