

Canaanland, Km 10, Idiroko Road, P.M.B.1023, Ota. Ogun State, Nigeria

## RESEARCH SEED GRANT SUPPORT APPLICATION FORM

1. **Type of Grant** (*Tick the appropriate box*): Individual  Group

2. **Cluster Name:** \_\_\_\_\_

3. **Applicants & Participants Information:**

S/N	Name	College	Department	Highest Degree	Phone (Mobile No.)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

4. **Research Topic:** \_\_\_\_\_  
\_\_\_\_\_

5. **State briefly the objectives of the Research:**

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_

6. **The Methodology:** \_\_\_\_\_  
\_\_\_\_\_

7. State briefly the contributions of the Research: \_\_\_\_\_

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8. State briefly the justification of the Research: \_\_\_\_\_

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9. State the procedural steps of the Research: \_\_\_\_\_

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10. Budget (Attach Breakdown details please)

S/N	Description	Cost (N)
1	Transportation	
2	Accommodation & Feeding	
3	Miscellaneous Expenses ( <i>List them below</i> )	
i.		
ii.		
iii.		
iv.		
v.		
4	Others (Specify Pls.)	
	<b>Grand Total</b>	

**11. Expected Date of Commencement & Duration:**

Proposed Commencement date: \_\_\_\_\_ Duration: \_\_\_\_\_

Expected Start and End Date: From \_\_\_\_\_ to \_\_\_\_\_

**12. Recommendation by Cluster Head:** \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**13. Recommendation by the Director, CUCRID:** \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**14. Vice Chancellor's Approval:** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**For Financial Services Use ONLY**

**15. Director, Financial Services:** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Support Grant No.: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\* Financial Services: This page containing the disbursed sum and grant number should be sent to CUCRID for documentation (copy needed)*