

MEDIEVAL RESEARCH CENTRE

University of Leicester

SMALL RESEARCH GRANT APPLICATION FORM

NAME: _____

Email address: _____

Department: _____

Current postgraduate degree programme: MA MPhil PhD

Research project title: _____

Summary description of the element of your research project applicable to this application (c. 300 words)

Expenditure (eg: cost of travel, accommodation, microfilms, etc)

Item: _____ *Cost:* _____

-
-
-
-
-

Total: _____

Applicant's signature: _____ Date: _____

Supervisor's signature: _____ Date: _____

*Please submit this form to one of the directors of the MRC.
Applications can be submitted at any time of the academic year. Annual funds are limited.*