



## Request for research funding – MPhil programme

Name:	Camsis number:	
Email address	College:	

Amount requested:	£	Supervisor's name:	
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## Please note ALL receipts must be attached to this form

## Reason for travel:

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Signature of applicant:

Signature of Supervisor:

Date:

Date:

For office use only

Agre	ed by	Account codes	GBP
		UA.UAAG.EZZZ.FABE.0000	

When you have completed this form, attached your receipts and your Supervisor has counter signed it please send it to: The Administrator, University of Cambridge, Centre of African Studies, The Mond Building, Free School Lane, Cambridge CB2 3RF.