**UNIVERSITY OF GHANA**

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**UG-Carnegie Next Generation of Academics in Africa Project: Enhancing UG’s Capacity to Deliver Post-Graduate Training and Research**

PHD YEAR 2 EXPERIENTIAL LEARNINNG GRANT (Y2EL) APPLICATION FORM

**This form should be completed and submitted with all relevant documents to the UG-Carnegie NGAA Project Office at the Centre for African Wetlands**

**THIS DOCUMENT MUST BE TYPED**

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| **SECTION I: APPLICANT INFORMATION** | | | | | | | | | | | | | | | |
| **Name of Applicant:** | | | | | |  | | | | | | | | | |
| **Date of Birth:** | | |  | | | | | | **Gender:** |  | | | | | |
| **Email:** |  | | | | | | | | **Phone No:** | | |  | | | |
| **Postal Address:** | | | |  | | | | | **Home Address:** | | | |  | | |
| **Current Employer:** | | | | |  | | | | **Position:** | |  | | | | |
| **Department:** | |  | | | | | | | | | | | | | |
| **Programme of Study:** | | | | | | |  | | | | | | | | |
| **Institution of Registration:** | | | | | | | |  | **Index Number:** | | | | |  | |
| **Type of PhD Programme (Please indicate whether FULL TIME or PART TIME)** | | | | | | | |  | **Year of 1st Registration:** | | | | | |  |

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| --- | --- | --- | --- | --- |
| **SECTION II: DETAILS OF EXPERIENTAL LEARNING** | | | | |
| **Plan for Experiential Learning:** *(Please describe briefly activities to be undertaken for the Experiential Learning)* | | | | |
|  | | | | |
| **Institution Where applicant is to undertake the Experiential Learning** | | |  | |
| **Name, Address & Email of Contact Person at the Institution** | |  | | |
| **Proposed date to commence** |  | | **Proposed Completion date** |  |

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| --- | --- | --- | --- |
| **Endorsement by Principal Supervisor** (Please tick) | | | |
|  | | | |
| **Signature and stamp of Department:** |  | **DATE:** |  |

**Note to Applicants:**

*Before you submit this form to your Principal Supervisor for endorsement, please ensure that the following documents are enclosed with your application:*

PhD Year 1 Coursework Results

PhD Comprehensive Exam Results

Budget

Work Plan for the Year

Proof of Departments Links with Host Institution

Proof of Department’s financial (Partial) Support to Candidate’s Experiential Learning

Cover Letter from HoD

FOR OFFICIAL USE ONLY:

**DATE RECEIVED:** **APPLICATION NUMBER**: