Name:

|  |
| --- |
| College: Faculty/Department: |
| Have you made a request for a Research Grant from the Smuts Memorial Fund? If so, when (please state term and year) and were you successful (please state amount awarded)? |
|  |
|  |

|  |  |  |
| --- | --- | --- |
| List of documents and place in research plans: | | |
|  | | |
|  | | |
|  | | |
|  | | |
|  | | |
|  | | |
|  | | |
|  | | |
|  | | |
|  | | |
|  | | |
|  | | |
|  | | |
|  | | |
| Amount sought | £ |  |
| *Please note receipts will be required as evidence of expenditure, or a University account number to arrange for transfer of funds if successful in your application.* | | |

I confirm that permission to copy has been obtained from the holders of the documents and that I have established that the material is not available in Cambridge. I agree to abide by the terms of the CLA Higher Education Photocopying Licence and the User Guidelines posted near all photocopiers at the University.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

I support this application and confirm that the photocopies are necessary to the conduct of my student’s research. I note the commitments made above by my student.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Supervisor: |  | Signature: |  |
|  |  | Date: |  |

*Note: The Smuts Memorial Fund makes grants of up to £100 for the copying of documents in the field of Commonwealth Studies which will be of value to the student’s research. Grants are made on the understanding that recipients of the grants will be allowed to retain the photocopies for which they received assistance for their own research purposes, and will be personally responsible for complying with the terms of the CLA Higher Education Photocopying Licence and User Guidelines.*