

UNIVERSITY OF HEALTH AND ALLIED SCIENCES



INSTITUTE OF HEALTH RESEARCH
RESEARCH OPERATIONS OFFICE (ROO)

RESEARCH SUPPORT REQUEST FORM

PROCEDURE FOR REQUESTING RESEARCH SUPPORT

1. This form must be completed, Endorsed by the Head of Department and Dean and submitted to the Research Operations Office (ROO), Institute of Health Research.
2. All required documents must be attached to the completed form before submission to the Research Operations Office.
3. **Requests for research support must be submitted at least 10 business days in advance of the application deadline.**

DETAILS OF APPLICANT

Name	
Department	
School	
Job Title (Ass. Lecturer, Lecturer etc.):	
Email:	
Phone Number:	

SUPPORT REQUESTED

Support Requested	Please Check as appropriate	Documents to attach to this application form
Letter of endorsement/support to apply for research grants or to apply for a Fellowship	<input type="checkbox"/>	Completed grant application form and/or proposal; budget; completed Format for letter of support (if provided by funder/donor), Address for letter of support
Signature of approved/authorized institutional head for research contracts, consultancies etc.	<input type="checkbox"/>	Approved proposal, budget, electronic copy of contract agreement to be signed & sent to roo@uhas.edu.gh
Proposal/Grant Development and/or finalization	<input type="checkbox"/>	Draft proposal/Concept note, Details of Call
Budget preparation	<input type="checkbox"/>	Draft Proposal, Details of Call
Title of Proposal:		
Funding Agency:		
Closing Date for Submission of Document:		

Applicant's Signature _____

Date: _____

ENDORSEMENT BY HEAD OF DEPARTMENT AND DEAN/DIRECTOR

By endorsing this form, the Head of Department/Centre and Dean/Director certifies that the Department/Centre and School/Directorate fully supports the project described in the attached proposal and that the above named applicant must be given the necessary support to enable him/her submit his application.

<u>Head of Department/Centre</u>	<u>Dean/Director</u>
Name:	Name:
Signature and Stamp	Signature and Stamp
Date:	Date:

FOR OFFICIAL USE ONLY

DATE OF RECEIPT BY ROO: _____

DECISION: _____ Date: _____

FEEDBACK DUE BY: _____