

# ICS Postgraduate Research Fund (ICS PGRF)

## REPORT FORM

Full Name:

Student Number:

Department:

Supervisors:

Degree Program:

Expected Thesis Submission Date:

Tentative Thesis Title:

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*Amount requested from ICS PGRF in the application: \$*

*Amount spent from ICS PGRF (if different from above): \$*

*Amount spent from other sources: \$*

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*Describe, within the space provided, how this support contributed to your research progress.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ /20\_\_

I approve this report and certify that information provided in this report is correct.

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ /20\_\_

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**For official use only:**

Report received by the Postgraduate Research Administrator on : \_\_\_\_ / \_\_\_\_ /20\_\_