UNIVERSITY OF IBADAN

APPLICATION FOR ADVANCE ON APPROVED RESEARCH GRANT

1. Name of Applicant………………………………………………….email address…………………………………
   Status:…………………………………………PF. NO:……………………………………………………………………….
   Department:………………………………………Faculty…………………………………………………………………

2. Title of Present Research:…………………………………………………………………………………………………..
   Research Grant No./Code:…………………………………………………………………………………………………….
   Amount of Research Grant N:……………………………………………………………………………………………….
   Amount of Advance I Required N:………………………………………………………………………………………….

3. Previous Research History:…………………………………………………………………………………………………….
   (i) Have you received any previous Research Grant? Yes/No……………………………………
   (ii) If yes, state Research Grant No’s:…………………………………………………………………………………
   (iii) Has the Advance I respect of these been fully settled and report submitted to the Senate Research Grant Committee? Yes/No:…………………………………………………………………….
   (iv) If No, you would need a special dispensation from the committee to enable you carry out research on a project.

4. Details of items which Advance is required:

<table>
<thead>
<tr>
<th>Particulars of items to be purchased as approved</th>
<th>Amount approved</th>
<th>Advances already taken</th>
<th>Amount now required</th>
</tr>
</thead>
</table>

5. Recommendation of head of Department and Faculty chairman of Research Grants committee.

I certify that a full report(s) has (have) been submitted on previous Research Grants and progress report(s) of previous advances on this has been made.

Signature of Head of Department…………………… Date:……………………………………………….

Signature of faculty Chairman(RG):………………. Date:……………………………………………….
(for Bursary only)

I certify that Grants sections has checked that all earlier advances have been retired and the amount now required is within the balance available.

.......................................................... ..........................................................

Signature of Expenditure Controller Date

Advance on the sum of N..........................is approved which if not accounted for, should be deducted from salary in the month(s) of.................................................................

For Bursar:........................................................................................................Date.................................................................