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|  | **School of Medicine, Dentistry** **and Biomedical Sciences**Queen's University BelfastWhitla Medical Building97 Lisburn RoadBelfast BT9 7BLTel +4428 9097 2115Email: pgoffice.smdb@qub.ac.uk  |

**Application for Postgraduate Taught Summer Studentship 2019**

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| **Name:** |  |
| **Email:** |  | **Telephone:** |
| **University:** |  |
| **Course:** |  | **Student number:** |
| **Current year** **(check box):** |  1st  | 2nd  | 3rd | Other state:  |  |

**Statement:** (please write in the box why you want to do this summer studentship in not more than 200 words)

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Please attach: PGT Application Form, CV, Copy of Transcript and if external to

Queen’s University Belfast, a supporting letter from your University Tutor or other relevant person