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|  | **School of Medicine, Dentistry**  **and Biomedical Sciences**  Queen's University Belfast  Whitla Medical Building  97 Lisburn Road  Belfast  BT9 7BL  Tel +4428 9097 2115  Email: [pgoffice.smdb@qub.ac.uk](mailto: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