

# Departmental Postgraduate Scholarships 2025-26

Students may apply **for both scholarships**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Scholarship Applied For:** | | **Departmental**  **Geoffrey Leech** | | |
| **Applicant Details** | | | | |
| **Name:** | |  | | |
| **Application Reference Number:** | |  | | |
| **Fee Status:** | | **UK**  **EU** | | |
| **Have you been nominated for or applied for ay other scholarship for this year? If yes, please provide details**: | | | | |
| **Programme Details** | | | | |
| **Programme:** | |  | | |
| **Department:** | |  | | |
| **Start date:** | |  | | |
| **Mode of Study:** | | **Full Time**  **Part Time** | | |
| **Attendance Status:** | | **At the University**  **Away from the University** | | |
| **Qualifications** | | | | |
| Year of Award | Qualification Type | Qualification Subject | Awarding Institution | Result |
|  |  |  |  |  |
|  |  |  |  |  |
| **Relevant Experience** | | | | |
|  | | | | |
| **Names of referees** | | | | |
|  | | | | |

I confirm that the information I have provided in this form is complete and accurate to the best of my knowledge at this date. I fully understand that it is my responsibility to ensure that the relevant forms are submitted to the relevant office in due time and that any missing information may render my application incomplete and ineligible.

|  |  |
| --- | --- |
| **Signature:** |  |
| **Date of Submission:** |  |

Applicants should submit this form to the relevant departmental contact.