



School of Pharmacy  
*Te Kura Mātauraka Wai-whakaora*

## **Application for Summer Research Scholarship 2019-2020**

Student ID:

Student name:

Dunedin Address:

Cellphone number:

Email address:

LIST your preference of the projects on offer (refer to website for project details):

- 1.
- 2.
- 3.

Have you applied for any other Summer Studentships? If so, please state the name of the organisation that you have applied to: