

## STELLENBOSCH UNIVERSITY FACULTY OF MEDICINE AND HEALTH SCIENCES



# UNDERGRADUATE PUBLICATION INCENTIVE APPLICATION FORM (UPI-02-2020)

- (a) Before completing this form, applicants are expected to first read and understand the <u>regulations</u> of the Undergraduate Conference Presentation and Publication Incentive Fund.
- (b) This application must be completed and submitted <u>electronically, via email,</u> together with the attachments specified below, as ONE PDF document.
- (c) There are 2 sections and 3 pages in this application form. Ensure that <u>all sections</u> of the form are completed.
- (d) Applications can be submitted at any time during the year. ALL applications will be reviewed between <u>1 May and 30 May</u> each year.

### **CHECKLIST**

	Preferred pronoun	Name	Surname		
Name:				UT number:	

In addition to this completed application form, the following <u>supporting documents</u> or copies of these documents should be attached, in PDF format, to this application as appendices, marked correspondingly to the list below.

Please indicate that you have submitted all the required documentation together with this application:

Application requirements	Yes/No	If no, please explain
Application form, with all sections		
completed electronically		
Appendix A: Ethics approval letter for		
research /study on which paper is based		
Appendix B: <b>Proof of acceptance</b> of paper for		
publication		
Appendix C: Published version of paper		

Please attach all relevant appendices together with this application form, and submit via email as ONE PDF document.

*UPI-02-2020/eng* Page **1** of **3** 

#### **SECTION 1: APPLICANT DETAILS**

SURNAME	FIRST NAME							
UT NUMBER	TITLE		TITLE					
DIVISION / CENTRE								
DEPARTMENT								
TELEPHONE NUMBER								
E-MAIL ADDRESS								
DATE OF BIRTH								
GENDER (for reporting)								
RACE (for reporting)								
DISABILITY								
DETAILS OF STUDENT CO-AUTHOR/S:  Please note that acknowledgement of receipt of this application will be sent to all co-authors on the paper								
NAME/S OF STUDENT/S	STUDENT/S STUDENT/S U		T STUDENT/S C	STUDENT/S <u>CURRENT</u> EMAIL ADDRESS/ES				
				<del></del>				
	DEGREE	NUMBERS/	ADDRESS/ES					

*UPI-02-2020/eng* Page **2** of **3** 

### **SECTION 2: PUBLICATION DETAILS**

TITLE OF JOURNAL:			ISS	N OF JOURNAL:			
TITLE OF PAPER:							
LIST ALL AUTHORS (i which they appear o							
PUBLICATION DATE	(actual, or estim	nated if final publication no	t yet released)				
AUTHOR CONTRIBUTIONS: Include a brief outline of each author's contribution to the paper.  (Applications without this information may not be considered for funding)							
I, the applicant, hereby declare that the information provided above and the supporting documents attached to this application are correct and valid. I further confirm that the publication has resulted from an undergraduate student research project, and that the student/s are listed as co-authors on this pape							
Signature:			Date	::			

*UPI-02-2020/eng* Page **3** of **3**