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| **Department/Faculty/College making application** |
|  |
| **Name of Head of Department/Faculty/School/ Institution** | **email** |
|  |  |
| **Name of Main Contact administering Grant Application** | **email** |
|  |  |
| **Name of Researcher to be supported** | **email** |
|  |  |
| **Title of Project**  |
|  |
| **Term for which replacement teaching/administration funding sought** |
|  |
| **Date Researcher submitted dissertation for examination for PhD** |
|  |
| **Funding sought from INT (✓)** |
| For UTO without college duties: £12,000, payable to the Department/Faculty |  |
| For CTO: £12,000, payable to the College |  |
| For UTO with college duties: £12,000 to the Department/Faculty*plus* £3,000 to the College |  |
| **I confirm that the researcher has already accrued at least a term’s sabbatical leave.** **(If this is not the case, please provide further justification for the leave below).** |
| **Head of Institution Signature: Date:** |