

**UNDERGRADUATE RESEARCH AWARD FOR MARKETABLE INNOVATION-
2026**

APPLICATION FORM

Rev

Mr

Mrs

Miss

Full name:

Name with initials:

Have you participated in the competition before?

Yes

No

Sex:

Male

Female

Postal address:

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Contact number:

Email address:

Information regarding final year dissertation submission

Study discipline: MLS Nursing Pharmacy

Student registration number:

Research title:

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Co-investigators:

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Supervisors:

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Date of submission:

For office use only.

Selection for candidacy:

Name of the officer approved:

Signature:

Date: