

CALL FOR APPLICATIONS: UFS FIRST-YEAR RESEARCH MASTERS BURSARIES 2023

The University of the Free State will be providing financial support (partial tuition fee) to first-year research master's students for the year 2023.

Who can apply?

First-year research master's students in 2023

Important to note?

- The bursary is a once-off award for the 2023 academic year; there is no guarantee for 2024 funding.
- Only students who do not have any other source of funding will be considered. Students who are recipients of other tuition fee funding in 2023 do not qualify.
- Students must meet all academic requirements of the university and be registered for a master's degree by research at the University of the Free State.
- Students must already have an internal UFS supervisor assigned.
- Incomplete applications will not be considered.
- UFS Master's Bursary holders must attend the Centre for Graduate Support Research Capacity Development workshops.

What is covered?

Tuition fees, which will be subject to the availability of funds.

What is not covered?

University registration fees, accommodation fees and living costs.

How to apply?

• Complete the online application and FRM form.

Closing date for applications: 30 September 2023

Enquiries can be directed to Prince Khoza at KhozaPN@ufs.ac.za or at the Centre for Graduate Support, Johannes Brill Building, Office 5





UNIVERSITY OF THE FREE STATE PARTIAL TUITION FEE BURSARY 2023

IMPORTANT INFORMATION

- Complete the **online application**: https://surveys.ufs.ac.za/evasys/online.php?p=1stRM
- Return this application form along with your admission letter via email with the subject line: "FRM Form 2023 – Your UFS Student Number" to: PostgradFunding@ufs.ac.za
- Incomplete applications will not be considered

SECTION A: TO BE COMPL	ETEC	D BY	THE I	NEW RE	SEAR	CH MA	STE	R'S S	TUDI	ENT
UFS student number:										
Name and surname:										
Email address:										
Module code:										
Intended degree for funding	g:									
STUDENT SIGNATURE		[DATE							
SECTION B: TO BE COMPL	ETEC) BY	THE	JFS SU	PERVI	SOR				
Title:										
Name:										
Surname:										
Email address:										

SUPERVISOR SIGNATURE DATE

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