

WRITING INTERVENTION FORM APPLICATION: DYAD

- ❑ Cover letter
- ❑ Quotations
- ❑ Letter of support from the HOD or Dean

FACULTY, DEPARTMENT, SCHOOL OR UNIT	
DATES	
VENUE	
COORDINATOR	
SIGNATURE OF COORDINATOR	

[illegible]

Participants: Students

TITLE	NAME	SURNAME	STUDENT NUMBER	CHAPTERS OR PARTS TO BE COMPLETED	MASTER'S OR DOCTORAL	TARGET DATE OF FINAL SUBMISSION

Have any of the above participants attended previous dyads funded by the CGS? Choose an item.

If yes, please provide a report (if not submitted already) of the participants' previous writing projects (in a separate Word document).

Budget:

Venue	
Accommodation	
Meals and refreshments	
TOTAL	