  

 **DIRECTORATE OF RESEARCH AND INNOVATION**

**UNIVEN Research Open Day**

**19 July 2024**

**REGISTRATION FORM**

*(To be submitted on or before* ***Friday, 12 July 2024*** *by email to the Faculty Champion)*

|  |  |
| --- | --- |
| Title |  |
| Surname & Initials |  |
| Full Names |  |
| Staff Number |  |
| Type of Employment (Permanent/Contract) |  |
| Student Number |  |
| Gender |  |
| Level of Study |  |
| Area of Specialization |  |
| Department |  |
| Faculty |  |
| Title of the Poster/Experiment |  |
| Email |  |
| Cellphone |  |

 **UNDERTAKING:**

 I undertake to attend the UNIVEN Research Open Day to be held on **Friday 19, July 2024**.

 Applicant’s Signature: ………………………………………… Date: …………………………….

 Name of a Supervisor/Mentor: ………………………….……. Date: …………………………….

 Signature of a Supervisor/Mentor: …………………….………Date: …………………………….