

Lupane State University

RB04

Building Communities through Knowledge

RESEARCH AND INNOVATION SERVICES OFFICE (RISO)

RESEARCH REGISTRATION FORM

1. Name of Applicant:

Collaborator/s:

2. Faculty:

3. Department:

4. Position of Applicant (i.e. full-time lecturer).....

5. Date of Assumption of Duty:

6. Topic/title of Research project: Indicate discipline (s)

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7. Commissioned / Academic (*Delete inapplicable*).....

8. Commencement date.....

9. Proposed completion date

10. Status of research New/ Ongoing/ Completed (*Delete inapplicable*).....

11. Funding: Please indicate sources of your funding

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12. Publications: please indicate if this project has resulted in a publications or conference papers.

12.1 Conference paper: Give full details

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12.2 Publication details Give full details

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