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**Memorandum and Guidelines – MRes Boole Fellowship in Mathematical Sciences, School of Mathematical Sciences(SOMS), University College Cork.**

1. **Applicant Details**

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| **Applicant** (Surname, Name)**:** |
| **Student ID:** |
| **Course** (Degree Programme and Year)**:** |

1. **Project Title and Supervisor Team**

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| Title:  Supervisor(s): |

1. **Personal Statement:** (500 word limit)

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1. **Project Description** (500 word limit)

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1. **Plans for Irish Research Council Application** (500 word limit)

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**Dated Signatures**

Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_