



CSIR COLLEGE OF SCIENCE AND TECHNOLOGY

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CCST STUDENT RESEARCH INCEPTION FORM (CCST-QFORM-4)

Purpose: CCST-QFORM-4 is to document initial arrangements made for research work by MPhil/ PhD by the principal supervisor. This is to ensure that students undertaking research will have the cooperation of heads of division of laboratories/on-farm experimental stations/field etc., within the CSIR Institute(s). It is also meant to make students aware about the limitations that exist within the CSIR Institutes.

SECTION A. TO BE COMPLETED BY STUDENT

STUDENT’S DETAILS

1. Name of Student..... Registration No.....
2. Department.....
3. Degree Sought.....
4. Session and Year of Entry.....
5. Research Title.....
.....
.....

SECTION B. TO BE COMPLETED BY PRINCIPAL SUPERVISOR

1. Name of Principal Supervisor.....
2. State where student is likely to undertake research work/experiments
[Please tick () the option that best describes where the student will work and add remarks]

Place of Research	Full Time	Partly	Remarks
			i. Name of Laboratory/On-station expt field etc. ii. Any financial support ii. Any possible challenges and arrangements to mitigate
Laboratory			
Field Surveys			
CSIR On-station experimental plots			

Other			
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SECTION C. TO BE COMPLETED BY HEAD OF DIVISION(S) OF LABORATORY/ ON-STATION EXPERIMENT FIELD WHERE RESEARCH IS LIKELY TO TAKE PLACE

- Name of Head of Division/ Section/Unit:.....
- Please indicate whether your Laboratory/ On-station experimental field/ etc. can support the student to do; please tick () the appropriate options

Type of Assistance	Fully	Partially	Remarks: <i>e.g. (i. Indicate whether student needs to pay for laboratory analyses. ii. Indicate whether student needs to buy his/her reagents/ chemical s etc. iii. Indicate whether student can/cannot work outside official hours</i>
Working Space			
Use of lab Equipment			
Reagents/ Chemicals etc.			
Support of CSIR technical staff			

- Provide additional possible limitations or challenges student might encounter.

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[IF STUDENT IS LIKELY TO WORK IN MORE THAN ONE LABORATORY/ ON-STATION EXPERIMENTAL FIELD- THE SECOND HOD MUST ALSO COMPLETE SECTION C. PLEASE ADD ON TO COMPLETE]

SECTION D. SIGNATURES: The purpose of these signatures is to ensure that all three parties; the Student, Principal supervisor and the Head of Division(s) (HOD), are fully aware of the nature of research work to be carried out, the facilities available and the possible challenges that the student might encounter.

- Student.....Date.....
- Principal Supervisor:.....Date:.....
- HOD of the Laboratory for research work:.....Date.....

[REMINDER: A hard copy of this completed CCST-QFORM-4 should be kept at the Departmental office and an e-copy sent to qao@ccst.edu.gh]

