**WEST AFRICAN CENTER FOR WATER, IRRIGATION AND SUSTAINABLE AGRICULTURE (WACWISA)**

**UNIVERSITY FOR DEVELOPMENT STUDIES**

**PROCEDURES FOR ACCESSING STUDENTS RESEARCH SUPPORT**

Students research grants are handled by WACWISA and releases are made in consultation with Supervisor (s) of the students.

The Centre shall pay for relevant equipment, software, service charges, etc. to aid the students’ research work if they are within budgetary limits of the research cost of the student. Such equipment and materials acquired through funds of the Centre shall be branded and remain the property of WACWISA after students’ use.

Allowable students research expenses shall include expenses such as field transport, costs of field data collection, software, and other student project related costs (with receipts). The budget shall be recommended by the Supervisor (s), Applied Research Coordinator and approved by the Director of WACWISA before disbursement.

**Procurement of Equipment, Materials etc for Students Research Work**

For the procurement of equipment, materials etc. for field work, students must:

1. Prepare an equipment budget in consultation with the Supervisor (s), with detailed specifications of the item being requested with justification for it.
2. The request must be recommended by the Applied Research Coordinator and approved by the Director of WACWISA.
3. Requests Must be received not less than three (3) months to the date of expected delivery of the item.
4. The Director reserves the right to approve, modify or recommend alternative means of accessing such equipment, materials, etc.
5. The Procurement Coordinator of WACWISA shall coordinate all procurements in accordance with the UDS and national procurement guidelines/laws.
6. All equipment will be labelled appropriately.
7. There shall be no refund for materials and equipment procurement without approval.

**Students Field Work Expenses**

Students requesting for funds for field data collection activities shall:

1. Prepare a budget in consultation with the Supervisor (s), with details of the field activities to be undertaken and a justification for it.
2. Complete an *Expense Refund Form.* This can be obtained from the WACWISA website (https://wacwisa.uds.edu.gh/).
3. The request Must be recommended by both the Supervisor (s) and the Applied Research Coordinator for the approval of the Director.
4. The Financial Manager of WACWISA shall process and reimburse all approved students’ expenses through the student (s) Supervisor (s).

**WEST AFRICAN CENTER FOR WATER, IRRIGATION AND SUSTAINABLE AGRICULTURE (WACWISA)**

**UNIVERSITY FOR DEVELOPMENT STUDIES**

**REQUEST FOR PROCUREMENT OF EQUIPMENT AND MATERIALS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Student:** | **Programme:** | Department: | Level (MPhil/PhD) |  |
| **Research Topic** |  |
| **DESCRIPTION**  |
|  | Name of Equipment/material | Specifications | Quantity | Justification for Procurement |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |
| **6** |  |  |  |  |
| **7** |  |  |  |  |

|  |  |
| --- | --- |
| **CERTIFICATION BY SUPERVISORS** |  |
| **Supervisors** | **Name of Supervisor** | **Signature** | **Date** |
| Supervisor 1 |  |  |  |
| Supervisor 2 |  |  |  |
| Supervisor 3 |  |  |  |
| **Comments** |  |
| **CERTIFICATION BY APPLIED RESEARCH COORDINATOR** |
| **Signature** | **Date** |
|  |  |
| **Comments** |  |
| **APPROVAL BY DIRECTOR** |
|  **Signature** | **Date** |
|  |  |
| **Comments** |  |

**WEST AFRICAN CENTER FOR WATER, IRRIGATION AND SUSTAINABLE AGRICULTURE (WACWISA)**

**UNIVERSITY FOR DEVELOPMENT STUDIES**

**STUDENT EXPENSE REFUND FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **Travel Destination** | **Departure Date** | **Return Date** | No. of Days: |
| **From:**  | **To:** |  |  |
| **Name of Student:** | **Programme:** | Department: | Level (MPhil/PhD) |  |
| **Research Topic** |  |
| **DETAILS OF EXPENSES**  |
|  | **Item** | **Justification** |
| **1** | Accommodation (Not more than 100 GHS per day). Receipts will be verified |  |
| **2** | Transport (Tickets will be verified) |  |

|  |  |
| --- | --- |
| **CERTIFICATION BY SUPERVISORS** |  |
| **Supervisors** | **Name of Supervisor** | **Signature** | **Date** |
| Supervisor 1 |  |  |  |
| Comments (if any) of Supervisor 1 |  |
| Supervisor 2 |  |  |  |
| Comments (if any) of Supervisor 2 |  |
| Supervisor 3 |  |  |  |
| Comments (if any) of Supervisor 3 |  |
| **CERTIFICATION BY APPLIED RESEARCH COORDINATOR** |
| **Signature:** | **Date:** |
| **Comments** |
| **APPROVAL BY DIRECTOR** |
|  **Signature:** | **Date:** |
| **Comments** |