



HAGGMAN MEMORY RESEARCH AWARD GRADUATE STUDENT APPLICATION FORM

FOR ADMINISTRATIVE USE ONLY

FAS NUMBER	DATE RECEIVED
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IDENTIFICATION

APPLICANT SURNAME:	APPLICANT GIVEN NAME:
STUDENT ID #:	YEAR OF STUDY:
DEPARTMENT:	PROGRAM:

CONTACT INFORMATION

TELEPHONE:	E-MAIL ADDRESS:
CURRENT MAILING ADDRESS:	

SCHOLARSHIPS AND OTHER AWARDS RECEIVED (Start with most recent)

Name of Award	Location of Tenure	Period Held (mm/yy-mm/yy)

PROJECT INFORMATION

TITLE of Project:		
Key Words (list 5 keywords that best describe your proposed research or research activity)		
Primary Supervisor:	Unit #:	Discipline:
Other Collaborator(s):	Unit #:	Discipline:

OTHER INFORMATION			
I am legally entitled to work in Canada:	YES	NO	
Citizenship:	Canadian Citizen	Permanent Resident	Student Visa
ETHICS CERTIFICATION			
Research involving human subjects, animals, or bio hazardous material requires an active Certificate of Approval before funds will be released (www.ors.ubc.ca/ethics/index.htm)			
Certification is required:	YES	NO	Certificate #:
If yes please indicate:	HUMAN ENVIRONMENT	ANIMAL CLINICAL TRIALS	BIOHAZARD
*Note to Supervisor: If you are adding students/funding to a current approved project, you must complete an amendment to your certificate prior to release of funds.			
ABSTRACT (100 Words) Using non-technical language appropriate for a multi-disciplinary committee, describe your proposed research project in the space below.			

RESEARCH DESCRIPTION

Provide a detailed outline of the research project in the space provided below (not including diagrams or references). The following sections and headings must be included:

1. Introduction
2. Objectives
3. Plans for Research

The language used must be **non technical** and written in a way that it is understandable to interdisciplinary reviewers.

(Research Description Continued):

STUDENT QUALIFICATIONS

In the space provided below, discuss your qualifications and any past research involvement or relevant activities.

SUPERVISOR SUPPORT STATEMENT (To be completed by the supervisor)

This form serves two purposes: to indicate that you understand what the research project is and approve of the proposal and the research; and to verify that you are willing to mentor the student in the course of the project.

1. Comments on the strength of the proposed research:

2. Comments on the strength of the applicant:

3. Describe your level of involvement in the project:

SIGNATURE SECTION		
Faculty Supervisor — Please read and sign		
I certify that I have read this grant application, that this applicant is my student at UBC Okanagan, in good standing, and that all information in this application is accurate to the best of my knowledge.		
Name:	Signature:	Date:
Applicant — Please read and sign		
I verify that all the information contained within this application is true and complete to the best of my knowledge.		
Name:	Signature:	Date:
Department/ Unit Head		
Name:	Signature:	Date:
Dean or Dean Designate		
Name:	Signature:	Date:
Research Services		
Name:	Signature:	Date: