UBC a place of mind

Office of Research Services

Office of Research Services Phone: (250) 807-9412

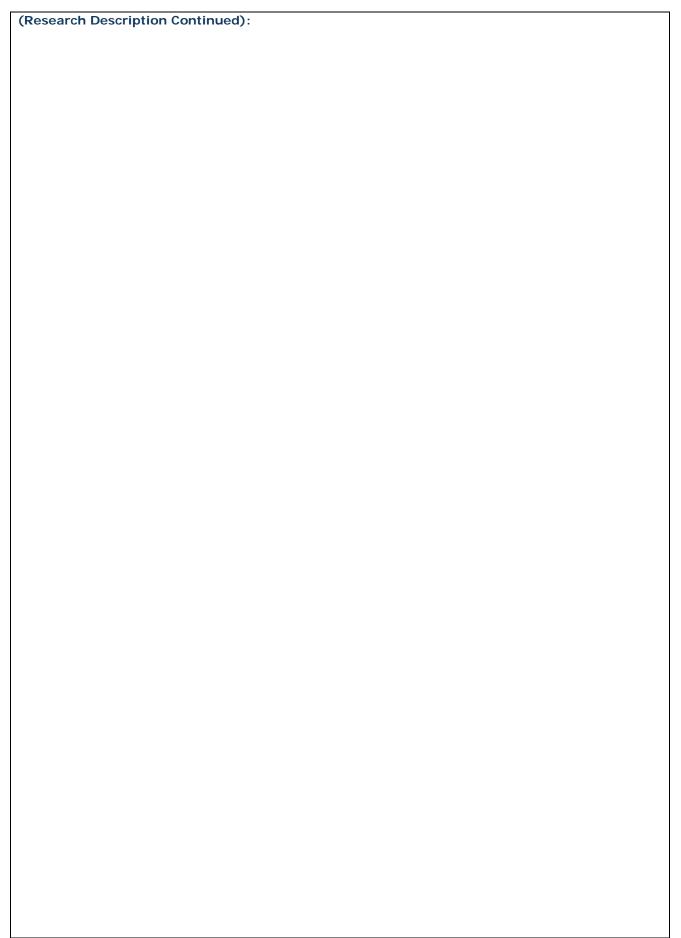
HAGGMAN MEMORY RESEARCH AWARD GRADUATE STUDENT APPLICATION FORM

FOR ADMINISTRATIVE USE ONLY

		FAS NUMBER	DATE RECEIVED		
IDENTIFICATION					
APPLICANT SURNAME:		APPLICANT GIVEN N	APPLICANT GIVEN NAME:		
STUDENT ID #:		YEAR OF STUDY:			
DEPARTMENT:		PROGRAM:			
CONTACT INFORMATION					
TELEPHONE:	E-MAIL ADDRESS:				
CURRENT MAILING ADDRESS:					
COLIOLADOLINDO AND OTLIED	AVAADDC	DECELVED (CL. 1. III.			
SCHOLARSHIPS AND OTHER					
Name of Award	Location of Tenure		Period Held (mm/yy-mm/yy)		
PROJECT INFORMATION	l	,			
TITLE of Project:					
Key Words (list 5 keywords that be	est describe v	our proposed research o	or research activity		
	,		,		
Primary Supervisor:	Unit #:		Discipline:		
3 1			•		
Other Collaborator(s):	Unit #:		Discipline:		
•			•		

OTHER INFORMATION					
OTTIER THI ORWAT	ION				
I am legally entitled to	work in Canada	:	YES	NO	
Citizenship:	Canadian Citize	en	Permane	ent Resident	Student Visa
ETHICS CERTIFICA	TION				
Research involving hun Approval before funds					s an active Certificate of
Certification is required	d: YES	NO	Certifica	ate #:	
If yes please indicate	e:	HUMAN		ANIMAL	BIOHAZARD
3		ENVIRONME		CLINICAL TRIAL	
*Note to Supervisor: I complete an amendme					l project, you must
ABSTRACT (100 Wo					r a multi-disciplinary

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.



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:	
o. 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:		