|  |  |
| --- | --- |
| **UBCO Faculty lead** | |
| Surname: | Given name: |
| Faculty: | Department: |
| E-mail address: | Telephone: |
| **UBCO Operational Staff Lead** | |
| Surname: | Given name: |
| department: | |
| E-mail address: | Telephone: |
| **Selected Challenge # (if applicable) or Priority Area** | |
|  | |
| **Project Title** | |
|  | |
| **SIGNATURE SECTION:** | |
| I verify that all the information contained within this application is true and complete, to the best of my knowledge. | |
| **UBCO APPLICANT** | |

|  |  |  |
| --- | --- | --- |
| **NAME:** | **SIGNATURE:** | **DATE:** |

|  |
| --- |
| **DEPARTMENT / UNIT HEAD / ADR** |

|  |  |  |
| --- | --- | --- |
| **We require that heads verify to the best of their ability that the proposed project falls withing the faculty member’s research area and represents an appropriate approach.** | | |
| **Comments:** | | |
| **NAME:** | **SIGNATURE:** | **DATE:** |

|  |
| --- |
| **DEAN (OR DEAN DESIGNATE) OR DIRECTOR** |

|  |  |  |
| --- | --- | --- |
| **NAME:** | **SIGNATURE:** | **DATE:** |