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| **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**  |

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

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

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| **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:** |

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

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