



IDENTIFICATION	
APPLICANT SURNAME:	APPLICANT GIVEN NAME:
FACULTY:	DEPARTMENT:
ACADEMIC RANK:	
CO-INVESTIGATOR SURNAME:	CO-INVESTIGATOR FIRST NAME:
FACULTY:	DEPARTMENT:
ACADEMIC RANK:	
PROJECT DETAILS	
TITLE OF PROJECT:	
TOTAL FUNDING REQUEST (MAXIMUM \$7,000):	
PRIMARY PROJECT STREAM: <input type="radio"/> EXPLORE <input type="radio"/> EXCHANGE	



DOCUMENT CHECKLIST

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CURRENT UBC CV OR CCV

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FREE-FORM PROPOSAL ADDRESSING THE EVALUATION CRITERIA (2 PAGES MAXIMUM)

SIGNATURE SECTION:

I verify that all the information contained within this application is true and complete, to the best of my knowledge.

APPLICANT

NAME:

SIGNATURE:

DATE:

CO-APPLICANT (IF APPLICABLE)

NAME:

SIGNATURE:

DATE:

DEPARTMENT/UNIT HEAD

NAME:

SIGNATURE:

DATE:

DEAN OR DEAN DESIGNATE

NAME:

SIGNATURE:

DATE: