



a place of mind

UBC Okanagan Campus UNDERGRADUATE RESEARCH AWARD

Faculty of Management
Phone: (250) 807 - 9462

FOR ADMINISTRATIVE USE ONLY

| | |
|------------|---------------|
| FAS NUMBER | DATE RECEIVED |
|------------|---------------|

| | | |
|--|---|-----------------------------|
| IDENTIFICATION | | |
| APPLICANT SURNAME: | | APPLICANT GIVEN NAME: |
| STUDENT ID#: | NUMBER OF CREDIT HOURS (INCLUDING THOSE IN PROGRESS): | |
| DEPARTMENT: | PROGRAM: | |
| APPLICANT CONTACT INFORMATION | | |
| TELEPHONE: | E-MAIL ADDRESS: | |
| MAILING ADDRESS: | | |
| SCHOLARSHIPS AND OTHER AWARDS RECEIVED (Start with most recent) | | |
| NAME AND AWARD | LOCATION OF TENURE | PERIOD HELD (MM/YY – MM/YY) |
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| | | |
| PROJECT INFORMATION | | |
| TITLE OF PROJECT: | | |
| TYPE OF AWARD (MURA, IURA, ETC): | | |
| PRIMARY SUPERVISOR: | FACULTY: | DISCIPLINE: |
| OTHER COLLABORATOR(S): | FACULTY: | DISCIPLINE: |

| | | |
|---|---------------|---------------------|
| OTHER INFORMATION | | |
| I am legally entitled to work in Canada: | YES | No |
| ETHICS CERTIFICATION | | |
| Research involving human subjects, animals, or bio-hazardous material requires an active Certificate of Approval before funds will be released (http://ors.ok.ubc.ca/ethics.html) | | |
| CERTIFICATION IS REQUIRED: | YES | NO |
| | | CERTIFICATE NUMBER: |
| IF YES, PLEASE INDICATE: | HUMAN | ANIMAL |
| | | BIOHAZARD |
| <p>*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.</p> <p>Abstract: In the space provided below, please describe your proposed research project in about 100 words. As the members of the committee may not be specialists in your field it is important that the description of the paper be written in clear, plain language. See award criteria in the program terms for details the committee would like to see written here.</p> | | |
| Max: 800 Characters | | |
| BUDGET INFORMATION | | |
| Allowable expenses: materials, supplies, copying costs, software (see program terms for ineligible expenses) | | |
| ITEM (STATE GENERAL CATEGORY; SPECIFICS NOT REQUIRED) | AMOUNT | |
| | | |
| | | |
| | | |
| | | |
| TOTAL(not to exceed \$1,500) | | |
| Explain why you need the above items: | | |

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) Objectives 2) Context 3) Methods 4) Impact/Proposed Outputs
The language used must be non technical and written in a way that is understandable to interdisciplinary reviewers.

Max: 6000 Characters

STUDENT QUALIFICATIONS AND PREVIOUS RESEARCH INVOLVEMENT

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

Max: 2500 Characters

SUPERVISOR STATEMENT (To be completed by the supervisor)

This form serves to verify that you are willing to mentor the student over the course of the project and indicates your level of involvement in the project.

Describe your level of involvement in the project:

Max: 2000 Characters

| | | |
|---|-------------------|--------------|
| SIGNATURE SECTION: | | |
| TO BE COMPLETED BY 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: |
| TO BE COMPLETED BY 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: |
| DEAN OR DEAN DESIGNATE | | |
| NAME: | SIGNATURE: | DATE: |