



a place of mind

UBC Okanagan Campus INTERNAL RESEARCH GRANT FINAL REPORT

Office of Research Services

Phone: (250) 807 9412

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FAS NUMBER	DATE RECEIVED
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IDENTIFICATION		
APPLICANT SURNAME:	APPLICANT GIVEN NAME:	
FACULTY:	DEPARTMENT/UNIT:	
NEW SCHOLAR:	YES	NO
PROJECT INFORMATION		
TITLE OF PROJECT:		
GRANT:		
INDIVIDUAL RESEARCH GRANT	INTERDISCIPLINARY COLLABORATIVE GRANT (ICG)	
PUBLICATION PRODUCTION GRANT	HUMANITIES & SOCIAL SCIENCES (HSS)	
AMOUNT AWARDED:	PROJECT ID (E.G. FAS OR PG):	
START DATE OF AWARD:	END DATE OF AWARD:	
CO-INVESTIGATORS (ICG AND HSS ONLY) PLEASE INCLUDE NAME AND DEPARTMENT		
Over the term of this grant, how many people (including principal investigators) have been supported in this effort?		
Category	Gender	
	Male	Female
Faculty		
Post Doc		
Graduate Students		
Undergraduate Students		

SUMMARY REPORT

Over the term of this grant, how many different publications have resulted from this project?

Category	In Preparation	Submitted	Accepted	Published* Citations Below	Invited
Referred Journals					
Conference Proceedings					
Technical Reports					
Book/Book Chapters					
Other					

*For the publications enumerated above, provide full citations in the space provided on the next page

CITATIONS:

List theses or dissertations that result from the project, together with the name of the author.

List any courses taught with emphasis on your research subject area.

Discuss any industry contacts that were made as a result of this award and their relevance to future research and/or commercialization (include names of company, address, phone number, and contact person):

Indicate any specific patents, copyrights, or licensing agreements.

Type	Title/Number	Industrial Partner

Over the term of this grant, what additional funding have you received or requested, directly or indirectly, as a result of participation in this program?

Sponsor	From (Date)	To (Date)	Type (Cash or In-Kind)	Amount	Status (Received/ Requested)

SIGNATURE SECTION

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

NAME:	SIGNATURE:	DATE:
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