



a place of mind

UBC Okanagan Campus VICE PRINCIPAL RESEARCH: REQUEST FOR SUPPORT

Office of the Vice Principal
Research

FOR ADMINISTRATIVE USE ONLY

FAS NUMBER	DATE RECEIVED
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IDENTIFICATION		
APPLICANT SURNAME:		APPLICANT GIVEN NAME:
FACULTY:		DEPARTMENT:
TELEPHONE:	E-MAIL ADDRESS:	CV ATTACHED (MANDATORY)
REQUEST DETAILS		
THIS REQUEST IS FOR (PLEASE SELECT):		
REQUEST FOR FUNDING ONLY	AMOUNT	
REQUEST FOR LETTER OF SUPPORT ONLY	DRAFT LETTER INCLUDED	
REQUEST FOR FUNDING AND LETTER OF SUPPORT	DRAFT LETTER INCLUDED	AMOUNT
PROJECT DETAILS AND OVERVIEW		
TITLE OF PROJECT		
PLEASE PROVIDE A BRIEF DESCRIPTION AND PURPOSE OF THE REQUEST.		

DESCRIPTION

PLEASE PROVIDE A DETAILED DESCRIPTION HIGHLIGHTING THE UNIQUENESS AND/OR VALUE OF THE PROPOSED PROJECT OR EVENT.

OUTLINE THE SUITABILITY OF UBCO AS A HOST INSTITUTION (IN TERMS OF LOCATION, INFRASTRUCTURE AND/OR PERSONNEL).

BUDGET (PLEASE COMPLETE THE TABLE BELOW; IF THERE IS INSUFFICIENT SPACE, PLEASE ATTACH A SEPARATE PAGE FOR THE BUDGET)

Total Budget:

ITEM DESCRIPTION	AMOUNT
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL BUDGET	
OTHER FINANCIAL SUPPORT	
FINANCIAL SUPPORT REQUESTED	

IF YOU INDICATED 'OTHER FINANCIAL SUPPORT' ABOVE, PLEASE PROVIDE ADDITIONAL DETAILS INCLUDING THE SOURCE, AMOUNT AND OTHER RELEVANT INFORMATION.

PLEASE PROVIDE ANY OTHER INFORMATION PERTINENT TO YOUR REQUEST. FOR EXAMPLE, JUSTIFICATION FOR REQUESTS WITH LESS THAN SIX WEEKS NOTICE.

SIGNATURE SECTION:

I verify that all the information contained within this application is true and complete, to the best of my knowledge. **Please ensure that a copy of your CV is included with this request.**

APPLICANT

NAME:	SIGNATURE:	DATE:
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DEPARTMENT/UNIT HEAD

NAME:	SIGNATURE:	DATE:
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DEAN OR DEAN DESIGNATE

NAME:	SIGNATURE:	DATE:
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OFFICE OF RESEARCH SERVICES

NAME:	SIGNATURE:	DATE:
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