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Office of Research Services  
Phone: (250) 807 9412

# UBC Okanagan Campus INTERNAL CO-APPLICANT SIGNATURE FORM *(To ACCOMPANY RPIF)*

## UBC Co-Applicants

|                               |           |      |
|-------------------------------|-----------|------|
| UBC Co-Applicant              |           |      |
| Name                          | Signature | Date |
| Department /Unit Head/Dean ** |           |      |
| Name                          | Signature | Date |

|                               |           |      |
|-------------------------------|-----------|------|
| UBC Co-Applicant              |           |      |
| Name                          | Signature | Date |
| Department /Unit Head/Dean ** |           |      |
| Name                          | Signature | Date |

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|-------------------------------|-----------|------|
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|-------------------------------|-----------|------|
| UBC Co-Applicant              |           |      |
| Name                          | Signature | Date |
| Department /Unit Head/Dean ** |           |      |
| Name                          | Signature | Date |

\*\* Note: This form is only required if the internal co-applicant is from a different department than PI