



a place of mind

UBC Okanagan Campus LETTER OF INTENT: UBC CAMPUS LAND USE

Office of Research Services

Phone: (250) 807 9412

FOR ADMINISTRATIVE USE ONLY

FAS NUMBER	DATE RECEIVED
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IDENTIFICATION	
APPLICANT SURNAME:	APPLICANT GIVEN NAME:
FACULTY:	DEPARTMENT:
APPLICANT CONTACT INFORMATION	
TELEPHONE:	E-MAIL ADDRESS:
CO-APPLICANT INFORMATION	
CO-APPLICANT SURNAME:	CO-APPLICANT GIVEN NAME:
FACULTY:	DEPARTMENT:
CO-APPLICANT SURNAME:	CO-APPLICANT GIVEN NAME:
FACULTY:	DEPARTMENT:
CO-APPLICANT SURNAME:	CO-APPLICANT GIVEN NAME:
FACULTY:	DEPARTMENT:
PROJECT INFORMATION	
TITLE OF PROJECT:	
INTENDED USE OF THE LAND:	
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/welcome.html)	
CERTIFICATION IS REQUIRED:	YES NO CERTIFICATE NUMBER:
If yes, please indicate:	
HUMAN	ANIMAL BIOHAZARD ENVIRONMENTAL

RESEARCH PROJECT SUMMARY

In the space below, provide a brief lay description of the research area, the proposed research/teaching project, and the activities to be carried out on the land. Please use language and terms appropriate for a multidisciplinary committee.

Please identify the amount of land required (i.e. 1-2 acres) and the general area of the land (i.e. north, south, east, west) you would like allocated for your research project.

Please include a map indicating area of activity on campus. If suitable, you can use the UBCO campus map http://maps.ok.ubc.ca/common/images/UBCOkanagan_CampusMap.pdf

BUDGET

Estimate of the costs to utilize the land (i.e. services, equipment, personnel etc).

What are your funding sources for this project? Please identify whether your funding source is expected or confirmed.

SIGNATURE SECTION:

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

PRINCIPAL INVESTIGATOR (PI)

NAME:	SIGNATURE:	DATE:
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CO-APPLICANT(S)

NAME:	SIGNATURE:	DATE:
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NAME:	SIGNATURE:	DATE:
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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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