



THE UNIVERSITY OF BRITISH COLUMBIA

Okanagan Campus

Humanities & Social Sciences (HSS)

Office of Research Services

Phone: (250) 807 9412

Research Grant

FINAL REPORT

FOR ADMINISTRATIVE USE ONLY

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

| | |
|----------------------------|---|
| IDENTIFICATION | |
| APPLICANT SURNAME: | APPLICANT GIVEN NAME: |
| FACULTY: | DEPARTMENT/UNIT: |
| NEW SCHOLAR: | <div style="display: flex; justify-content: space-around;"> YES NO </div> |
| PROJECT INFORMATION | |
| TITLE OF PROJECT: | |

| | |
|----------------------|------------------------------|
| AMOUNT AWARDED: | PROJECT ID (E.G. FAS OR PG): |
| START DATE OF AWARD: | END DATE OF AWARD: |

| | |
|--|-------------------|
| CO-INVESTIGATORS PLEASE INCLUDE NAME AND DEPARTMENT | |
| | |
| Over the term of this grant, how many people (including principal investigators) have been supported in this effort? | |
| Category | Number (#) |
| Faculty | |
| Post Doc | |
| PhD Students | |
| Masters Students | |
| Undergraduate Students | |

SUMMARY REPORT

Empty space for the summary report content.

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

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: |
|-------|-----------|-------|