



NEW FACULTY Start-Up Funding

Office of Research Services UBC Okanagan

Office of Research Services
FIP 336
Phone: (250) 807.9412

FOR ADMINISTRATIVE USE ONLY

FAS NUMBER	DATE RECEIVED
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FACULTY MEMBER INFORMATION		
SURNAME:		GIVEN NAME:
FACULTY:		ACADEMIC RANK:
DEPARTMENT/UNIT:		EMPLOYEE ID #:
DEPARTMENT ID #:		OFFICE PHONE NUMBER:
EMAIL ADDRESS:		Dr. Mr. Mrs. Ms.
FACULTY FUNDING		
Funding period (MM/DD/YYYY – MM/DD/YYYY) (please include start and end date):		
SOURCE ACCOUNT #	AMOUNT	EXPLANATORY NOTES
TOTAL FUNDING		

Form prepared by: <i>(e.g. faculty administrator or designate)</i>		
SIGNATURES		
Dean (or designate):	Signature:	Date:

Please complete, sign, and return this form to:

Rachel Howard
Office of Research Services (ORS)
FIP 326
Kelowna, BC V1V 1V7 250-807-9412