This annual report will be used to evaluate performance of the Pritchard Fellowships at UBC Okanagan and for approval of disbursement of next year’s funding for graduate student fellowships. Report should encompass activities and outcomes for the reporting period**.**

**Identification Section**

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| --- |
| Student Name: |
| Student Report Status: |
| Supervisor Name: |
| Supervisor Faculty: |
| Project Name: |

**Narrative Section**

Provide details of how the Pritchard Fellowship enables you to engage in outstanding research; and stimulates and strengthen clinical research collaborations between UBC Okanagan researchers and Interior Health.

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|  |

State in clear, non‐technical terms the accomplishments, findings or discoveries that may be of interest to decision makers and the general public.

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| *Only if applicable:* Graduate Students: Provide a rationale for a subsequent year of funding and a description of specific goals for next year. |

**Signature Section**

|  |  |  |
| --- | --- | --- |
| **PLEASE READ AND SIGN:**  I (supervisor) certify that I have read this student report and that all information in this report is accurate to the best of my knowledge. | | |
| **Supervisor Name** | **Signature** | D**ate** |
| **PLEASE READ AND SIGN:**  I (student) verify that all of the information contained within this final report is true and complete to the best of my knowledge | | |
| **Student Name** | **Signature** | D**ate** |