



Innovations in Teaching & Learning

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Research Grant

For administrative use only

FAS Number	Date Received

PRINCIPAL INVESTIGATOR'S SURNAME, GIVEN NAME(S):			
UBC FACULTY/DEPARTMENT:			
ACADEMIC RANK:			
OFFICE PHONE NUMBER:			
EMAIL ADDRESS:			
COLLABORATORS (NAMES & DEPARTMENT):			
TITLE OF PROJECT:			
SIGNATURES:			
Applicant:	Department Head:	Dean (if applicable):	Research Services Manager:
PRINT NAME:	PRINT NAME:	PRINT NAME:	PRINT NAME;
SIGNATURE:	SIGNATURE:	SIGNATURE:	SIGNATURE:
DATE:	DATE:	DATE:	DATE:

BUDGET DETAILS:	AMOUNT	DESCRIPTION
Salaries		
Materials/Supplies		
Outside experts travel (if required)		
Travel directly associated with the dissemination of project outcome.		
TOTAL:		

DETAILED BUDGET JUSTIFICATION: Please use this space for a detailed budget justification and attach a separate sheet if needed.

RESEARCH ETHICS & ACCOUNT INFORMATION:

Research involving human subjects, animals or bio hazardous material requires an active Certificate of Approval before funds will be released (www.ors.ubc.ca/ethics/index.html)

Certification is required YES: ____ NO: ____ CERTIFICATE #: _____

If yes, please indicate Human____ Animal____ Biohazard____ Environment____

RESEARCH PROJECT SUMMARY:

Please provide an abstract of your research project.