



UBC Okanagan Campus

UNDERGRADUATE RESEARCH AWARD

Faculty of Management
Phone: (250) 807 - 9644

FOR ADMINISTRATIVE USE ONLY

FASNUMBER	DATE RECEIVED
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IDENTIFICATION		
APPLICANT SURNAME:		APPLICANT GIVEN NAME:
STUDENT ID#:	NUMBER OF CREDIT HOURS (INCLUDING THOSE IN PROGRESS):	
DEPARTMENT:		PROGRAM:
APPLICANT CONTACT INFORMATION		
TELEPHONE:	E-MAIL ADDRESS:	
MAILING ADDRESS:		
SCHOLARSHIPS AND OTHER AWARDS RECEIVED (Start with most recent)		
NAME AND AWARD	LOCATION OF TENURE	PERIOD HELD (MM/YY – MM/YY)
PROJECT INFORMATION		
TITLE OF PROJECT:		
TYPE OF AWARD (MURA, IURA, ETC):		
PRIMARY SUPERVISOR:	FACULTY:	DISCIPLINE:
OTHER COLLABORATOR(S):	FACULTY:	DISCIPLINE:

RESEARCH DESCRIPTION

Provide a detailed outline of the research project in the space provided below (not including diagrams or references). The following sections and headings must be included: 1) Objectives 2) Context 3) Methods 4) Impact/Proposed Outputs

The language used must be non technical and written in a way that is understandable to interdisciplinary reviewers.

Max: 6000 Characters

STUDENT QUALIFICATIONS AND PREVIOUS RESEARCH INVOLVEMENT

In the space provided below, discuss your qualifications and any past research involvement or relevant activities.

Max: 2500 Characters

SUPERVISOR STATEMENT (To be completed by the supervisor)

This form serves to verify that you are willing to mentor the student over the course of the project and indicates your level of involvement in the project.

Describe your level of involvement in the project:

Describe the research environment for the student:

Describe how this project will contribute to the student’s development of an understanding of research methodology:

Max: 2000 Characters

SIGNATURE SECTION:		
TO BE COMPLETED BY APPLICANT:		
PLEASE READ AND SIGN: I verify that all the information contained within this application is true and complete to the best of my knowledge.		
NAME:	SIGNATURE:	DATE:
TO BE COMPLETED BY SUPERVISOR:		
PLEASE READ AND SIGN: I certify that I have read this grant application, that this applicant is my student at UBC Okanagan, in good standing, and that all information in this application is accurate to the best of my knowledge.		
NAME:	SIGNATURE:	DATE:
DEAN OR DEAN'S DESIGNATE		
NAME:	SIGNATURE:	DATE: