



THE UNIVERSITY
OF BRITISH COLUMBIA

UBC Okanagan Campus

INTERNATIONAL UNDERGRADUATE STUDENT RESEARCH AWARD

Faculty of Creative & Critical

FOR ADMINISTRATIVE USE ONLY

Email: gradstudies.fccs@ubc.ca

FAS NUMBER	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:		
KEY WORDS (LIST 5 KEYWORDS THAT BEST DESCRIBE YOUR PROPOSED RESEARCH OR RESEARCH ACTIVITY):		
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. Introduction

2. Objectives

3. Plans for Research

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

Max: 6000 Characters

STUDENT QUALIFICATIONS

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

Max: 6000 Characters

SUPERVISOR SUPPORT STATEMENT (To be completed by the supervisor)

This form serves two purposes: to indicate that you understand what the research project is and approve of the proposal and the research; and to verify that you are willing to mentor the student over the course of the project.

1. Comments of the strength of the proposed research

Max: 6000 Characters

2. Comments on the strength of the applicant:

Max: 2500 Characters

3. Describe your level of involvement in the project:

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:
DEPARTMENT/UNIT HEAD		
NAME:	SIGNATURE:	DATE:
DEAN OR DEAN DESIGNATE		
NAME:	SIGNATURE:	DATE:

Completed applications are to be emailed to FCCS Grad Studies – gradstudies.fccs@ubc.ca