THE UNIVERSITY OF BRITISH COLUMBIA
Office of the Vice-President, Research & Innovation

Cover Page

Program for Undergraduate Research Experience

Please use Adobe Reader to complete this form.

Project Overview

Project Title:		
Project Duration: ◯ 1 Year ◯ 2 Years		
Project Start Date:	**Project End Date:**	
Year 1 Budget:	**Year 2 Budget:**	**Total Budget:**
Sponsoring Faculty(ies)/Portfolios:		

Principal Applicant	**Co-Applicant** *(If Applicable)*
Name:	**Name:**
Title/Rank:	**Title/Rank:**
Position:	**Position:**
Department/ Faculty:	**Department/ Faculty:**
Campus:	**Campus:**
Email:	**Email:**

Additional Team Members *(Up to five members)*

Name	Position	Department/Faculty	Campus

100-Word Summary *(Please use plain language)*

Keywords

Principal Applicant's Signature
Date Signed: _____

Sponsoring Dean/Executive's Signature
Date Signed: _____

Co-Applicant's Signature (*If Applicable*)
Date Signed: _____

Sponsoring Dean/Executive's Signature
(*If Applicable*) Date Signed: _____