



UBC Okanagan Campus UNDERGRADUATE RESEARCH AWARD FINAL REPORT

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<i>DATE RECEIVED FOR ADMINISTRATIVE USE ONLY</i>
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<i>IDENTIFICATION</i>		
APPLICANT SURNAME:	APPLICANT GIVEN NAME:	
STUDENT ID#:	SUPERVISOR'S NAME:	
SUPERVISOR'S DEPARTMENT:		
APPROVAL DATE:	AMOUNT AWARDED:	AMOUNT SPENT:

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

SIGNATURE SECTION:		
TO BE COMPLETED BY FACULTY SUPERVISOR:		
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.		
NAME:	SIGNATURE:	DATE:
TO BE COMPLETED BY APPLICANT:		
PLEASE READ AND SIGN: I (applicant) verify that all of the information contained within this final report is true and complete to the best of my knowledge		
NAME:	SIGNATURE:	DATE: