

Office of Research

Faculty of Medicine 317-2194 Health Sciences Mall Vancouver, BC Canada V6T 1Z3

New Faculty Research Award - Signature Page

This form must be submitted with your application	
Applicant Name:	
Project Title:	
Department/School:	
Applicant Signature:	Date:
Department Head / School Director Authorization: <i>I conrequirements for the FoM New Faculty Research Award</i> .	, , , , , , , , , , , , , , , , , , , ,
Department Head / School Director	
Name:	
Signature:	Date:
Applications must be signed by the Department Head or authority) as indicated in the FoM Signing Authority List	

Official e-signatures or scanned signatures are acceptable. Upload a signed copy of this consent form with your online application (no separate submission is required).