

Schulich UWindsor Research Opportunities Program 2018 Application Cover Sheet

Student Name:

Meds Year:

Student's Schulich Email:

Project Title:

Start Date:

End date:

Supervisor Name:

Supervisor Department/Faculty: *Dean, Faculty of Science, University of Windsor*

Supervisor's Email:

Budget for Awarded Funds:

Category	Amount
Student stipend (including 10% for statutory benefits)	
Supplies	
Computing	
Consulting services	
Travel (transportation, accommodation and food expenses)	
Registration fee for conference/meeting	
Poster preparation	
Other (please itemize)	
Total (\$5,000 Maximum)	

SWORP 2018

Certification Required (please check either yes or no):

	YES	NO
Research Ethics Board		
Animal Care Committee		
Bio-Hazard		

Keywords (max. 8)

The following signatures must be obtained. E-signatures and/or statements of written approval attached as a printed email are acceptable equivalents.

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Collect signatures in order, beginning with Applicant (student).

Signature of Applicant: _____

Signature of Supervisor: _____

Signature of Department Head: *Department Head, Adjunct Sponsoring Department*

Signature of Dean: *Faculty of Science, University of Windsor*

Signature of Executive Director, R&I, Office of Research and Innovation Services: *Heather Pratt, University of Windsor*

Signature of Associate Dean, Windsor Program: *Dean, Schulich School of Medicine*