



Faculty of Nursing Undergraduate Student

DEADLINE: January 31, 2022 at 3:00 p.m. (MST)

Submit a complete *hard copy* to:

Research & Funding Support Coordinator, Faculty of Nursing Research Office
 5-168 Edmonton Clinic Health Academy
 University of Alberta
 11405 87 Avenue, Edmonton, AB
 T6G 1C9

**Late or incomplete applications will not be accepted and reviewed.
 Ensure all required documentation is included.**

The coordinator will facilitate the signature of the Associate Dean (Research) upon receipt of a completed application.

SECTION 1: PERSONAL DATA

LAST NAME:	FIRST NAME:
IMMIGRATION STATUS IN CANADA:	
<input type="checkbox"/> Canadian <input type="checkbox"/> Student Visa <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Working Visa	
COMPLETE MAILING ADDRESS:	CONTACT INFORMATION
	Telephone:
	Email:
	ID Number:
PROGRAM OF STUDY	
<input type="checkbox"/> Indicate the Undergraduate Program in which you are currently registered in the Faculty of Nursing:	
<input type="checkbox"/> BScN – Collaborative Program <input type="checkbox"/> BScN – Bilingual Program <input type="checkbox"/> BScN – Honors Program <input type="checkbox"/> BScN – After Degree Program <input type="checkbox"/> RPN to BScN <input type="checkbox"/> BScN – Post RN Program	
<input type="checkbox"/> Indicate the year in which you are currently registered in the Faculty of Nursing (check)	
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Program Start Date (MM/YY):	Expected Completion Date (MM/YY):

SECTION 2: SIGNATURES

The undersigned agrees to abide by UAPPOL and accepts the general conditions governing any award made pursuant to the sponsorship of this application as set out in the guidelines.

	Name (Please Print):	Signature:	Date:
Student		X	
Proposed Supervisor		X	
Associate Dean, Research		X	

SECTION 3: PROPOSED RESEARCH TRAINING INFORMATION

Proposed Supervisor (Last Name, First Name):	
Faculty Rank: <input type="checkbox"/> Professor <input type="checkbox"/> Associate <input type="checkbox"/> Assistant	
COMPLETE MAILING ADDRESS:	CONTACT INFORMATION
	Telephone:
	Email:

SECTION 4: PERIOD OF SUPPORT REQUESTED

Indicate the number of months of support requested (Min. 2 months; Max. 3 months): <input type="checkbox"/> 2 <input type="checkbox"/> 3
Anticipated start and end date of summer award period (Period runs May-August; Max 3 months): Start Date: _____ End Date: _____
Have you applied to another granting agency for a similar award? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, identify sponsor and program: Period of Support Requested: Start Date (M/D/YY): _____ End Date (M/D/YY): _____ Notice of Decision: <input type="checkbox"/> Awarded <input type="checkbox"/> Not Awarded <input type="checkbox"/> Pending (If awarded, append copy of sponsor's Notice of Decision)

SECTION 5: PROJECT TITLE

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SECTION 6: CERTIFICATION REQUIREMENT

If the research will involve any of the following, check the box(es). If the grant is awarded, the necessary certification requirements must be met in accordance with the policies of ethical conduct of research.

Does your research project require any certifications? Please indicate below:					
<i>Human Ethics Approval:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>Human Stem Cells:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Animal Care Certification:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>Biohazards:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If required, please attach a copy of certifications to the application. <i>Note: A copy of ethical approval is required prior to the release of funds.</i>					

SECTION 7: ACADEMIC RECORD

CANDIDATE’S CURRENT AND COMPLETED UNIVERSITY PROGRAM(S)

Append all University level transcripts to this page. *Only official, sealed University transcripts will be accepted.*

Program (Degree/Specialization)	Institution/City/Province	Expected or Program Completion Date (MM/DD/YY)

UNIVERSITY ACADEMIC ACHIEVEMENTS (Prizes, honors, awards) Please indicate if there are none. Use additional pages if necessary.

Prize/Honor/Award	Year Won/Held	Awarded By

ACADEMIC INTERRUPTIONS

If there has been an interruption in your academic career, please provide an explanation indicating the period and reasons for the interruption. **Indicate if there have been no academic interruptions.**

TRAINING EXPECTATIONS

Provide an overview describing the training you expect to acquire during this award period and how it will contribute to the research goals you hope to achieve. **Do not exceed the space provided.**

[Empty text box for providing training expectations]

SECTION 9: PROPOSED TRAINING PROGRAM (*TO BE COMPLETED BY THE SUPERVISOR*)

RESEARCH PROJECT: ROLE OF TRAINEE AND LINKAGE TO SUPERVISOR'S RESEARCH PROGRAM

Provide a title and summary of the research project in which the candidate will be involved. Explain what activities the student will be involved in and how these will contribute to the development of the student and to the supervisor's research program. **Do not exceed the space provided.**

TRAINING ENVIRONMENT

Describe the space, facilities and personnel support which will be available to the candidate and the advantages of working in this environment. **Do not exceed the space provided.**

SECTION 10: LETTER OF REFERENCE/SUPPORT

Submit a confidential letter of reference/support from a past or current supervisor or instructor in a **sealed envelope** and append to this page.

The letter of reference/support should highlight the candidate's strengths as they relate to the suitability/experience in research (e.g. critical thinking, independence, perseverance, originality, organizational skills, interest in discovery, communication skills). The letter should provide evidence of demonstrated behavior and interaction with the student.