Signature Page

Researcher: ________________________________

Project title: ________________________________

Agency: ________________________________

Program: ________________________________

Signatures:

(Researcher – PI) ________________________________ (Co-PI) ________________________________
Date: ________________________________ Date: ________________________________

(Head) ________________________________ (Head) If different from the PI's
Date: ________________________________ Date: ________________________________

(Dean/Director) (if applicable) ________________________________
Date: ________________________________

After obtaining the Dean/Director signature, the original signature form and application are brought to the Office of Research Services for institutional signature. The researcher will be contacted when forms are ready for pick up.

_________________________
Director, for Research Services
Date: ________________________________

ORSIL number

For information on UBC’s signature policy, please see www.ors.ubc.ca/policies/sigpol.htm or contact the Office of Research Services.