

NEW FACULTY Start-Up Funding

Office of Research Services ADM 006 Phone: (250) 807.9412

FACULTY MEMBER INFORMATION

Office of Research Services UBC Okanagan

FOR ADMINISTRATIVE USE ONLY

FAS NUMBER

DATE RECEIVED

SURNAME:		GIVEN NAME:						
FACULTY:			ACADEMIC RANK:					
DEPARTMENT/UNIT:			EMPLOYEE ID #:					
DEPARTMENT ID #:		OFFICE PHONE NUMBER:						
EMAIL ADDRESS:			[Dr.	Mr.	Mrs.	Ms.	
FACULTY FUNDING								
Funding period (MM/DD/YYYY – MM/DD/YYYY) (please include start and end date):								
SOURCE ACCOUNT # AMOUNT EX		EXPLANATORY NOTES						
TOTAL FUNDING								
Form prepared by:								

Form prepared by:							
(e.g. faculty administrator or designate)							
SIGNATURES							
Dean (or designate):	Signature:	Date:					

Please complete, sign, and return this form to:

Jenna Fletcher Office of Research Services (ORS) ADM 006 1138 Alumni Ave Kelowna, BC V1V 1V7 250-807-9412