

# 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:**

**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)	
<b>Total (\$5,000 Maximum)</b>	

# SWORP 2018

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**Certification Required (please check either yes or no):**

	YES	NO
<b>Research Ethics Board</b>		
<b>Animal Care Committee</b>		
<b>Bio-Hazard</b>		

**Keywords (max. 8)**

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**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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**Signature of Applicant:** \_\_\_\_\_

**Signature of Supervisor:** \_\_\_\_\_

**Signature of Department Head:** \_\_\_\_\_

**Signature of Dean:** \_\_\_\_\_

**Signature of Director Office of Research Services:** \_\_\_\_\_

**Signature of Associate Dean, Windsor Program:** \_\_\_\_\_