

## NL SUPPORT Patient-Oriented Research Grant – FACULTY APPROVAL FORM

---

We, the undersigned hereby accept the terms and conditions governing NL SUPPORT Patient-Oriented Research grants competition, as specified in the Awards Guide. By signing this form you are stating that everything contained within your application is true and that you have read and agree to the terms and conditions governing awards.

Applicant Name:	
Signature:	
Date Signed:	

Head of Dept.:	
Signature:	
Date Signed:	

Academic Unit Admin:	
Signature:	
Date Signed:	

---

All information requested by the Newfoundland and Labrador Support for People and Patient-Oriented Research and Trials Unit (NL SUPPORT) will be used solely for the administration and management of the awards program and is collected under the general authority of the Memorial University Act (RSNL 1990 Chapter M-7). Questions about this collection and use of personal information may be directed to NL SUPPORT at (709) 864-6277.