

# APPLIED HEALTH RESEARCH

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## Authorization Form NLCAHR Research Grants

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The undersigned hereby accept the terms and conditions governing NLCAHR research grants 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

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Applicant
Printed Name
Signature

Head of Department/Division/Unit
Printed Name
Signature

Date:
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Date:
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Academic Unit Administrator
Printed Name
Signature

MUN Office of Research
Printed Name
Signature

Date:
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Date:
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All information requested by the Newfoundland and Labrador Centre for Applied Health Research 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 NLCAHR at (709) 777-6993.