

Authorization Form
NLCAHR Student Awards

The undersigned hereby accept the terms and conditions governing NLCAHR student awards as specified in the Awards Guide. By signing this form you are stating that everything below, and contained within your application is true and that you have read and agree to the terms and conditions governing awards.

Applicant Name:	
Topic of Thesis:	
Signature of Applicant:	
Date:	

Supervisor
Printed Name
Signature
Date

Departmental / Division Director of Graduate Program
Printed Name
Signature
Date