

**Memorial University of Newfoundland  
School of Nursing Approval Form  
For Grant Applications**

This is to confirm that the faculty approves the below application for submission to the upcoming competition:

Name of Principal Applicant: \_\_\_\_\_ e-mail: \_\_\_\_\_

Name of Co-Applicant / Applicant: \_\_\_\_\_ Department/ Institution: \_\_\_\_\_

Granting Agency: \_\_\_\_\_ Grant Application Deadline Date: \_\_\_\_\_

Program: Operating Grant  New Investigator Award  Masters Award  Doctoral Award

Other  \_\_\_\_\_

Title of Proposal: \_\_\_\_\_

Commitments (please specify, cash or in-kind):

**SIGNATURES:**

This signature confirms the applicant's participation in the research proposal and for noted commitments, in-kind or cash (if applicable) to carry out the proposed research should the grant application receive funding.

\_\_\_\_\_

**Co - Applicant / Applicant**

\_\_\_\_\_

**Date**

The signatures confirm that Dean/Assoc. Dean/ Department Head/Discipline Chair is aware of and agrees to provide time, space, administrative support and financial resources (where noted) to carry out the proposed research should the grant application receive funding.

\_\_\_\_\_

**Dean / Assoc. Dean (Research) /  
Department Head / Discipline Chair**

\_\_\_\_\_

**Date**

NOTE: The School of Nursing, Memorial University of Newfoundland, must be in receipt of a signed copy of this internal approval form before submission to Research Grant and Contract Services and/or the Funding Agency.

