FACULTY OF SCIENCE – CO-APPLICANT APPROVAL FORM

This form is used to provide Faculty of Science approval to a co-applicant when the principal applicant is from another faculty within Memorial University.

Name of co-applicant:

Department:

Title of proposal:

Funding Agency and Program:

Principal Investigator – Name and Faculty:

Please describe any cash or in-kind commitments you, as co-applicant, are making to this project:

Please describe any Faculty of Science student involvement in this project:

SIGNATURES: **DATE:**

Co-applicant

Department Head

Dean or Associate Dean (Research)