



Research & Graduate Studies, Faculty of Medicine
Departmental/Faculty Approval Form and Checklist

Application information: Name of Applicant/Co-Applicant _____

Faculty: __Medicine_____ Division/Discipline: _____

Funding Agency/Sponsor: _____ Grant Application Deadline Date: _____

Program: _____ Supervisor (if applicable): _____

Title of Proposal: _____

Is this application being submitted by a university or organization other than MUN? No [] Yes [] If yes, please specify: _____

- 1. Does this project require NEW SPACE: No [] Yes [] If yes, please attach documentation to support the allocation of new space from the Chair of the Space Committee (Vice Dean, Education and Faculty Affairs)
2. Has indigenous consultation already taken place for this research (if required)? No [] Yes [] n/a []
3. Does this application include any Contributions/Commitments (CASH or IN-KIND) from the division/discipline/faculty No [] Yes [] If yes, please specify:
4. Does this application include any Contributions/Commitments (CASH or IN-KIND) from individuals, units or entities external to Medicine? No [] Yes [] If yes, please attach documentation which confirms the commitment(s)

The signatures below confirm:

- that the applicant (and supervisor, if applicable) accepts responsibility for ensuring completeness of the submitted application, and that it conforms to the sponsor guidelines (including sponsor financial guidelines)
that the applicant (and supervisor, if applicable) confirms that all participants named on the application have agreed to participate in the roles as defined, and that they have informed their respective units/institutions of their participation in the application.
that the academic head 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.
these signatures also take on the "Meaning of Signatures" as set out in the funding guidelines.

SIGNATURES:

Applicant/Co-Applicant Date Supervisor (required for student applications) Date

Discipline Chair/Academic Head Date

Dean / Vice Dean (Research) Date [For applications submitted through the MUN Researcher Portal, the Dean/Vice Dean (Research) signature is not required (e-signature provided through the portal)]

Access to Information and Protection of Privacy
The information on this form is collected under the authority of the Memorial University Act (RSNL 1990 Chapter M-7) and is needed for and will be used to administer your grant application. If you have any questions about the collection and use of this information contact the Research Grants Coordinator, Research Grant Contract Services, at 709-864-4745, 864-4076, 864-3045