



# UBC Okanagan Campus UNDERGRADUATE RESEARCH AWARD FINAL REPORT

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*DATE RECEIVED  
 FOR ADMINISTRATIVE USE ONLY*

The deadline to return this report is **September 30, 2024**

<b><i>IDENTIFICATION</i></b>		
APPLICANT SURNAME:	<i>APPLICANT GIVEN NAME:</i>	
STUDENT ID#:	<i>SUPERVISOR'S NAME:</i>	
SUPERVISOR'S DEPARTMENT:		
PROJECT TITLE:	AMOUNT AWARDED:	AMOUNT SPENT:

**Summary Report:** State in clear, non-technical terms the accomplishments, findings or discoveries that may be of interest to decision makers and the general public. 350 words max.

<b>SIGNATURE SECTION:</b>		
<b>TO BE COMPLETED BY FACULTY SUPERVISOR:</b>		
<b>PLEASE READ AND SIGN:</b> I (supervisor) certify that I have read this student report and that all information in this report is accurate to the best of my knowledge.		
<b>NAME:</b>	<b>SIGNATURE:</b>	<b>DATE:</b>
<b>TO BE COMPLETED BY APPLICANT:</b>		
<b>PLEASE READ AND SIGN:</b> I (applicant) verify that all of the information contained within this final report is true and complete to the best of my knowledge		
<b>NAME:</b>	<b>SIGNATURE:</b>	<b>DATE:</b>