THE UNIVERSITY OF BRITISH COLUMBIA
Irving K. Barber Faculty of Science
Okanagan Campus

UBC Okanagan Campus
UNDERGRADUATE RESEARCH AWARD
FINAL REPORT

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The deadline to return this report is **September 30, 2025**

DATE RECEIVED FOR ADMINISTRATIVE USE ONLY

IDENTIFICATION		
APPLICANT SURNAME:	*APPLICANT GIVEN NAME:*	
STUDENT ID#:	*SUPERVISOR'S NAME:*	
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.

SIGNATURE SECTION:		
TO BE COMPLETED BY FACULTY SUPERVISOR:		
PLEASE READ AND SIGN: 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.		
NAME:	**SIGNATURE:**	**DATE:**
TO BE COMPLETED BY APPLICANT:		
PLEASE READ AND SIGN: I (applicant) verify that all of the information contained within this final report is true and complete to the best of my knowledge		
NAME:	**SIGNATURE:**	**DATE:**