

Career Investigator

Complete Letter of Intent (LOI)

Dr. June Tester	<p style="text-align: right;">File # 5001 Date Submitted: 12/2/2011 4:09:16 PM System Account Email: junetester@hotmail.com</p>
-----------------	---

Contact Information

Academic Affiliation	
Position: Department: Faculty/School: Institution:	Assistant Professor Medicine Medicine University of British Columbia

All Affiliated Organizations	
Type: Job Title: Department/Faculty/School: Organization:	Industry Consultant Science BC Cancer Agency – Centre for the Southern Interior

Contact Address	
Type: Address: City: State/Province: Zip/Postal Code: Country:	Work ABC Company Vancouver BC V1V 1V1 Canada

Contact Phone and Fax	
Type: Number:	Work 123-456-7892

Career Investigator

Complete Letter of Intent (LOI)

Dr. June Tester	<p style="text-align: right;">File # 5001 Date Submitted: 12/2/2011 4:09:16 PM System Account Email: junetester@hotmail.com</p>
-----------------	---

Project Information

Host Institution	MSFHR
-------------------------	-------

Research Location	
Department:	Medicine
Faculty/School:	Medicine
Organization:	University of British Columbia

Application Details	
Project Title:	-
Project Description	
-	

Application Theme and Keywords	
Theme:	Biomedical

Keywords: Allergy

Sample

Career Investigator

Complete Letter of Intent (LOI)

<p>Dr. June Tester</p>	<p style="text-align: right;">File # 5001 Date Submitted: 12/2/2011 4:09:16 PM System Account Email: junetester@hotmail.com</p>
------------------------	---

Additional Information

<p>Suggested External Readers 1 - Contact Information On separate lines in the text box below, please enter the following information for your suggested external reader: 1) Full name including salutation, 2) Position, 3) Phone, 4) Email address, 5) Area of expertise</p> <p>Response: -</p>
<p>Suggested External Readers 2 - Contact Information On separate lines in the text box below, please enter the following information for your suggested external reader: 1) Full name including salutation, 2) Position, 3) Phone, 4) Email address, 5) Area of expertise</p> <p>Response: -</p>
<p>Suggested External Readers 3 - Contact Information</p> <p>Response:</p>
<p>Suggested External Readers 4 - Contact Information</p> <p>Response:</p>
<p>External Readers to whom your application should not be sent</p> <p>Response:</p>
<p>Date of First Full-Time Academic Appointment (mm/dd/yyyy) Please enter the date when you received or anticipate receiving your first full-time academic appointment which is, at minimum, at the Assistant Professor level.</p>

Career Investigator

Complete Letter of Intent (LOI)

<p>Dr. June Tester</p>	<p style="text-align: right;">File # 5001 Date Submitted: 12/2/2011 4:09:16 PM System Account Email: junetester@hotmail.com</p>
------------------------	---

<p>Response: -</p>
<p>Department Head On separate lines in the text box below, please enter the following information for your Department Head/Chair/Director: 1) Full name including salutation, 2) Name of Department, 3) Name of Faculty/School, 4) Academic Affiliation</p> <p>Response: -</p>
<p>Dean of Faculty On separate lines in the text box below, please enter the following information for your Dean: 1) Full name including salutation, 2) Name of Faculty/School, 3) Academic Affiliation. If your department/school/institution does not require the approval of a Dean, please enter "Dean's approval not required" in the text box below.</p> <p>Response: -</p>