



Grant ID: 18223
Applicant Last Name: Tester
Host Institution: University of British Columbia
Competition: 2019 Scholar Competition
Task: Dean Approval
Submitted:

CONTACT INFORMATION

| | |
|--------------------|-------------------|
| Dean's Name | Dr. Eighth Tester |
|--------------------|-------------------|

| | |
|----------------------------------|--------------------------------|
| Organization Affiliations | University of British Columbia |
|----------------------------------|--------------------------------|

| | |
|-----------------------|--------------------------|
| E-mail Address | eighthtester@outlook.com |
|-----------------------|--------------------------|

| | |
|----------------|---|
| Address | Unit 2005 939 Expo Boulevard Vancouver, BC V6Z 3G8 |
|----------------|---|

| | |
|--------------|-------------------|
| Phone | 778-858-0697 Ext. |
|--------------|-------------------|

| | |
|----------------|-----|
| Degrees | ... |
|----------------|-----|

| | |
|--------------------|--|
| Web Address | |
|--------------------|--|

| | |
|----------------------------|----------|
| Health Professional | No - N/A |
|----------------------------|----------|

DEAN - ADDITIONAL INFORMATION

| | |
|---|----------------------------------|
| 1. Does the applicant have a current faculty appointment at your institution or if successful at receiving this MSFHR Scholar award, will they have a faculty appointment in place before July 1, 2019? | Yes |
| 2. Do you confirm that the resources and ongoing support will be made available to the applicant as outlined in the Department Head form? | Yes |
| If you selected "No" to either of the items above, please provide a brief explanation. | Character Limit: 2500 characters |

SAMPLE