

REQUEST FOR MRA Access
Principal Investigator

Name: _____ Rank: _____

Department: _____ Personnel #: _____

Mailing Address: _____

Phone: _____ Email: _____

Project Title: _____

Fund #: _____ Sponsor (e.g., CIHR): _____

Funding Amount: _____ Research Services/IPO contact: _____

Grant Deadline: _____

Period during which project will be done: from _____ to _____

Please provide a detailed description of the work to be done :

By signing below, I ensure the University's standards of financial, ethical and scientific accountability in the conduct of the funded research project.

PI signature

Date

Chair's Name: _____ Department: _____

Mailing Address: _____

Phone: _____ Email: _____

Is funded research proposal consistent with the Unit's overall research program and academic priorities established in the unit's academic plan?

YES ___ NO ___

Does the research proposal include potential for the meaningful involvement of graduate students?

YES ___ NO ___

Unit Head to provide a brief statement on how this will be incorporated into the faculty members' teaching/pedagogy.

The Unit Head ensures provision of all normal and necessary administrative and other unit support for the project.

The Unit Head takes responsibility for ensuring the University's standards of financial, ethical and scientific accountability in the conduct of the funded research project and has formally established intensified reporting arrangements with the individual to this end.

Chair's approval: _____ Date: _____

Dean's approval: _____ Date: _____

Provost's approval: _____ Date: _____