

UNIVERSITY OF NEW BRUNSWICK

APPLICATION FOR SABBATICAL RESEARCH GRANT

| | |
|--|---|
| NOTE: This application must be submitted to the Vice-President (Research) <u>at least 60 days</u> before commencement of leave. | Please ensure that all aspects of the proposal are in accordance with the regulations governing Sabbatical Leave Grants. |
| NAME: | DEPT: |
| SABBATICAL LEAVE START DATE: | SABBATICAL LEAVE END DATE: |
| SHORT TITLE OF PROPOSED RESEARCH: | |
| DESCRIPTION OF PROPOSED RESEARCH: | |
| (NOTE: PLEASE ATTACH A COPY OF YOUR APPLICATION FOR SABBATICAL LEAVE AND LETTER OF APPROVAL) | |
| LOCATION(S) OF PROPOSED RESEARCH (be specific as to institution or other research site) | |
| OTHER RESEARCH SUPPORT AVAILABLE DURING LEAVE | |

PROPOSED BUDGET (please list items and costs within each section below)

1. **Personnel Cost (include classification of persons to be hired, salaries, period of employment, etc.)**

(e.g., Research assistant - 200 hours at \$10/hour = \$2000)

Total (1) \$ _____

2. **Travel by Researcher (include specific information concerning places to be visited, mode of travel, fares, subsistence cost at approved rates, etc.)**

(e.g., Return travel to "City" from "City" - 1000 km at 35 cents/km = \$350.00)

Total (2) \$ _____

3. **Materials and Supplies (itemize)**

(e.g., Laptop computer - \$500.00)

Total (3) \$ _____

4. **Other Cost (specify)**

(e.g., Faxes - \$50.00)

Total (4) \$ _____

GRAND TOTAL \$ _____

I understand that the administration of any grant received and the justification, for income tax purposes, of any expenditure is my sole responsibility.

I also understand that should this application be accepted arrangements MUST be made with Financial Services (Comptroller's office) regarding payment of the grant.

SIGNATURE OF APPLICANT _____ DATE _____
(Original signature required)

CERTIFICATION OF SUPPORT

NAME OF APPLICANT: _____

I have reviewed this proposal and I am satisfied that:

- * **the University will benefit from this research activity.**
- * **the activity is timely and appropriate for the field of interest of the researcher.**
- * **the amounts requested in the budget appear reasonable and justifiable.**
- * **the amount of the research grant is commensurate with the value of the reduction in the non-specific research component of the faculty member's normal responsibilities.**

This proposal has my support and approval.

| | | |
|----------------------|----------------------------|------------------------------------|
| _____ Date | _____ Department | _____ Signature of Chair |
|----------------------|----------------------------|------------------------------------|

| | | |
|----------------------|-------------------------|-----------------------------------|
| _____ Date | _____ Faculty | _____ Signature of Dean |
|----------------------|-------------------------|-----------------------------------|

| | | |
|----------------------|------------------------|--|
| _____ Date | _____ Campus | _____ Signature of VP (Academic) |
|----------------------|------------------------|--|

COMMENTS:

Amount Approved \$ _____ **Date:** _____

Signature of Approval, Vice-President (Research)

Applicant Notified: _____ **Comptroller Notified:** _____