



**PLEASE ATTACH COPY OF RESEARCH PROPOSAL**

**Length of term of Research Grant/Contract (if held):** \_\_\_\_\_ years. **Date awarded:** \_\_\_\_\_

**State University Resources Required to Conduct Research program:**

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**Length of Appointment Requested:**                      **From** \_\_\_\_\_ **To** \_\_\_\_\_

**Signature of Faculty Member:** \_\_\_\_\_

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**NOTE:**                      **The letter of recommendation from the Chair of the Department, in multi unit faculties, is to be attached and the application forwarded to the Dean of the Faculty. The Dean of the Faculty is requested to attach his/her letter of recommendation and forward entire package to appropriate Vice-President (either VP Fredericton (Academic) or VP (Saint John)).**

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**Recommendation of VP Fredericton (Academic) or VP Saint John:**

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**Recommendation of Vice-President (Research):**

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