

University of New Brunswick

APPLICATION FOR SABBATICAL RESEARCH GRANT

Note: This application must be submitted to the Vice-President (Research) **at least 60 days** before commencement of leave. Please ensure that all aspects of the proposal are in accordance with the regulations governing Sabbatical Leave Grants.

NAME:	DEPT/FACULTY:	
SABBATICAL LEAVE BEGINS ON:	(mm/dd/yyyy) ENDS ON:	(mm/dd/yyyy)
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 (e.g. SSHRC Leave Fellowship, NSERC Grants, etc.)		

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) \$

5. Total Grant Request. (1) + (2) + (3) + (4)

Total Requested \$

JUSTIFICATION OF BUDGET (provide a rationale for any of the above items which are not completely self-explanatory)

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
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Date	Faculty	Signature of Dean
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Date	VP (Academic)	Signature of VP (Academic)
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COMMENTS:

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

Signature of Approval, Vice-President (Research)

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