



<b>UBCO FACULTY LEAD</b>	
SURNAME:	GIVEN NAME:
FACULTY:	DEPARTMENT:
E-MAIL ADDRESS:	TELEPHONE:
<b>UBCO OPERATIONAL STAFF LEAD</b>	
SURNAME:	GIVEN NAME:
DEPARTMENT:	
E-MAIL ADDRESS:	TELEPHONE:
<b>UBCO OPTIONAL LEAD</b>	
SURNAME:	GIVEN NAME:
FACULTY:	DEPARTMENT:
E-MAIL ADDRESS:	TELEPHONE:
<b>SELECTED PRIORITY AREA &amp; CHALLENGE ID # (IF APPLICABLE)</b>	
<b>PROJECT TITLE</b>	
<b>CERTIFICATES PRE-CHECK: WILL YOUR PROJECT INVOLVE THE USE OF HUMANS, ANIMALS OR BIOHAZARDOUS MATERIALS?</b>	<b>IF YES, PLEASE INDICATE IF YOU HAVE ALREADY RECEIVED THE RELEVANT CERTIFICATIONS OR APPROVALS?</b>
YES	PENDING
NO	YES
	NO



**HIGH-LEVEL RESEARCH GOALS OR QUESTIONS (2-3 sentences)**

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**STATUS OF ON-GROUND DEMONSTRATION APPROVAL**

APPROVED
PENDING
NOT SURE WHAT APPROVALS ARE REQUIRED

**SIGNATURES**

**Faculty Lead**

NAME:	SIGNATURE:	DATE:
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**Operational Staff Lead – By signing below, I verify a project of similar nature is not currently running to the best of my knowledge.**

NAME:	SIGNATURE:	DATE:
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**Optional Lead**

NAME:	SIGNATURE:	DATE:
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