

## VCHRI Investigator Awards Statement of Understanding

Category of Award (Select One)

Should this award application be successful, I understand that there is no commitment being made by the UBC Faculty of Medicine or the Vancouver Coastal Health Research Institute for the continuation of compensation beyond the completion of the term of this award. This excludes financial commitments that may currently be in place for my University appointment.

Name of Applicant \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Academic Department Head \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_