

VCHRI Investigator Awards
Statement of Understanding
For use at the VCH Research Institute

Category of Award (Select One)

Should this salary 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 salary support beyond the completion of the term of this award. This excludes salary commitments that may currently be in place for my University appointment.

Name of Applicant _____

Signature _____

Date _____

Academic Department Head _____

Signature _____

Date _____