Applicant Information	
Last name of applicant	
First name of applicant	
UBC student number	
Email	
UBC Graduate Program (please	
write the official name)	
Doctoral Program Start Date	
Supervisor(s)	
Doctoral Project Title	
Signature	
I hereby agree that to the terms ar	nd conditions outlined in the "Signature" section of the application
instructions.	
Applicant's signature	 Date

Outline of Proposed Scholarly Work			

Relationship of Proposal to PSI Goals				

Academic References used above			
Leaves of Absence/Special Circumstances Impacting Research (if applicable)			

Budget	Description	Amanust
Item	Description	Amount
Total		
'If stipend support is re	equested, please provide the following:	
Current funding and s		
Other scholarship app	olications made since start of doctoral program	
Explanation of why cu	rrent stipend support is unavailable or insufficient	
External Collaborato	r(s) (if applicable)	
Organization #1		
Address or website		
Organization #2		
Organization #2		
Address or website		
AUDIESS OF WEDSILE		