

## NL SUPPORT Patient-Oriented Research Grant – AUTHORIZATION FORM

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We, the undersigned hereby accept the terms and conditions governing NL SUPPORT Patient-Oriented Research grants competition, as specified in the application form. By signing this form you are stating that everything contained within your application is true and that you have read and agree to the terms and conditions governing this award.

Applicant Name:	
Signature:	
Date Signed:	

Head of University Department (if applicable):	
Signature:	
Date Signed:	

Academic Unit (Dean or Assoc. Dean) (if applicable):	
Signature:	
Date Signed:	

Indigenous organizational leader or department head (if applicable):	
Signature:	
Date Signed:	

All information requested by the Newfoundland and Labrador Support for People and Patient-Oriented Research and Trials Unit (NL SUPPORT) will be used solely for the administration and management of the awards program and is collected under the general authority of the Memorial University Act (RSNL 1990 Chapter M-7). Questions about this collection and use of personal information may be directed to NL SUPPORT at (709) 864-6277.