

THESIS/DISSERTATION RESEARCH AWARD APPLICATION

Submit application and abstract to the Graduate Secretary, Faculty of Nursing, University of Windsor

Date of request
Name student ID whom a small contact information
Name, student ID, phone, email contact information
Title of Thesis/Dissertation Disease attach shotnest on a severate room
Title of Thesis/Dissertation. Please attach abstract on a separate page.
Thosis/Dissortation Supervisor
Thesis/Dissertation Supervisor
Date of Thesis/Dissertation Duenosal Defense (must be completed before submitting
Date of Thesis/Dissertation Proposal Defense (must be completed before submitting
request)
Date of REB approval (must have REB approval before submitting request)
Tate of REB approval (must have REB approval before submitting request)
Budget details with total amount requested (maximum \$1000)
Dudget details with total amount requested (maximum \$1000)
Ctudent Signature
Student Signature
Supervisor Signature
Annaista Daniel Conducta November December 182
Associate Dean of Graduate Nursing Programs Approval Signature