DALHOUSIE UNIVERSITY

FINANCIAL SERVICES RESEARCH ACCOUNT APPLICATION

Name of Applicant/Principal Investigator

Department

Contact
(if an individual other than applicant)

Description of Research
(continue on separate page if necessary)

Please indicate if any of the following are involved in your project:

- ☐ Research Ethic Board (Human)
- ☐ Laser User Registration Class 3B and 4
- ☐ Radioactive Materials Approve
- ☐ Biosafety Certificate
- ☐ Animal Approval
- ☐ Analytical X-Ray User Registration

Did you submit a research grant or contract application to obtain funding for this research? (if Yes, please attach a copy of the application) ☐ Yes ☐ No

Source of funds

Total amount of income to be received Start Date End Date

Types of expenditures (please attach budget):

☐ Salaries ☐ Supplies ☐ Equipment ☐ Telephone ☐ Travel ☐ Other

Key Words: list up to four

1. 2. 3. 4.

The Applicant and Faculty accept responsibility for this account.

SIGNATURE REQUIRED	SIGNATURE	APPROVAL SIGNATURE	SIGNATURE
Applicant		Research Services	
Department Head/Chair		Financial Services	
Dean's Office			

Inquiries regarding this form may be directed to the Research Accounting Unit in Financial Services (Finance.Research@dal.ca)

Reset Form Print Form

Date form updated: 20-Jan-2023