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UBC Okanagan Campus LASHLEY AND MARY HAGGMAN MEMORY RESEARCH AWARD FINAL REPORT

Office of Research Services
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IDENTIFICATION	
APPLICANT SURNAME:	APPLICANT GIVEN NAME:
SUPERVISOR'S NAME:	SUPERVISOR'S DEPARTMENT:
Summary Report: State in clear, non-technical terms the accomplishments, findings or discoveries that may be of interest to decision makers and the general public.	

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To BE COMPLETED BY FACULTY SUPERVISOR:		
PLEASE READ AND SIGN: I (supervisor) certify that I have read this student report and that all information in this report is accurate to the best of my knowledge.		
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PLEASE READ AND SIGN: I (applicant) verify that all of the information contained within this final report is true and complete to the best of my knowledge		
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