THE UNIVERSITY OF BRITISH COLUMBIA
Irving K. Barber Faculty of Arts & Social Sciences
Okanagan Campus

For program information please contact: Paul Davies (Advisor) at Paul.G.Davies@ubc.ca

Undergraduate Research Award
Form B: Supervisor Recommendation

Application package must be received no later than 4 p.m. on **January 23, 2026**

Supervisor Recommendation:
Step 1: The student completes, saves, prints, and signs Form A.
Step 2: The student submits to the proposed supervisor the hard copy of Form A, along with any necessary attachments, and sends the electronic Form B.
Step 3: Open and complete Form B using Adobe Reader. Save and print Form B, and sign the hard copy.
Step 4: Submit the complete application package (Forms A and B plus attachments) to your Department Head for signature.
Step 5: Email the complete application package (Forms A and B plus attachments) to fass.research.ubco@ubc.ca. Deadline: 4 pm, January 23, 2026.
Note: A faculty member may support a maximum of two URA applications in a given year as the primary supervisor.
Questions: contact fass.research.ubco@ubc.ca

PART I - SUPPORT STATEMENT

This form serves two purposes:
1. To indicate that you approve of the proposal and the research; and
2. To verify that you will provide an appropriate level of supervision to the student over the course of the project.

To ensure confidentiality of the supervisor's recommendation, the faculty member should complete this form and submit the application package (Form A & B) directly to the Department Head for signature. Do not return the application package to the student.

1. Comment on the significance of the proposed research.

2. Comment on the strength of the applicant and their role in the research project.

3. Describe how you will supervise and mentor the student. (How does this research project relate to your research program? How does this project relate to projects previously undertaken by other students working in your research group?)

PART II - SIGNATURES

FACULTY SUPERVISOR

I certify that I have read the Student Application (Form A) and that all information in both Forms A & B is accurate to the best of my knowledge.

Name and Title of Faculty Supervisor (please print):

Department: Email Address:

Telephone Number:

URA/IURA Project Start Date:

☐ I am available during the summer months to mentor the student (if there are changes to circumstances, please alert the URA/IURA coordinator).

☐ I understand I can sign a maximum of two (2) URA/IURA applications peryear.

Faculty Supervisor Signature: Date:

DEPARTMENT HEAD

Name	Signature	Date