

SIMON FRASER UNIVERSITY  
SSHRC's Knowledge Synthesis Grant Application

According to SSHRC's instructions for this program, each applicant and each co-applicant must sign below. Signatures indicate willingness to consent to disclosure of Personal Information. NOTE: These signature pages form part of the application.

Title of Application: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Co-Applicant's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Co-Applicant's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Co-Applicant's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

According to SSHRC's instructions for this program, Simon Fraser University (SFU) agrees to administer any Knowledge Synthesis Grant in accordance with SSHRC's policies.

SIGNED ON BEHALF OF SIMON FRASER UNIVERSITY:

Name and Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_