FORM B: RESEARCH GRANT COMPLETION REPORT

PLEASE TYPE

Project Number: 31- ______________________ Date: ______________________

Lead Applicant: ______________________ Department: ______________________

Amount Remaining: $ ______________________

Indicate whether you intend to spend the remaining amount or whether you would like it returned to the Committee:

________________________________________________________________________

Summary of investigation and indication of external sources to which you intend to seek further funding for this or a related project. **Attach a brief summary and list resulting reports or publications for the Committee to review.**

Inventory Information: (complete the following information concerning any equipment purchased by your Grant Fund.)

(1) Description of Books, Equipment, etc.:

________________________________________________________________________

(2) Location of Equipment and Books:

________________________________________________________________________

Please identify the Funding Agency(ies) and the title(s) of the research grant(s) you have applied for, as a result of the research that was generated from this SSHRC Small Research Grant.

________________________________________________________________________

I certify that the information contained herein is true and complete.

________________________________________________________________________

Signature of Lead Applicant

Click here to enter a date.

Date

Return this form to:

The Office Research Services (ors@sfu.ca)