

## **FACULTY RESEARCH AND SCHOLARSHIP GRANT - COMPLETION REPORT**

Name of Principal Inve	stigator:	
Title of Research Proje	ct:	
End of Project (MM/Y\	<b>'</b> ):	
Date when grant expir	es (MM/YY):	
Total Amount Received	d: \$	
Total Amount Spent:	\$	
conducted with documentation a Media Release materials inclu on behalf of St  2) Using the table grant (copy and	n support from this grant. P n (pictures, weblinks, etc) if se form, attached). Note the ded in this form may be use MU.	available (you will need to complete at this summary and any supporting ed for reporting, marketing purposes ou anticipated to result from this ginal application). For each describe
OUTCOME	ACHIEVED?	EXPLANATION

3) Provide full references of publications (in preparation, submitted, or accepted), conference papers, etc that were a direct result of this research grant.



## St. Mary's University Model Release Form

St Mary's University (St Mary's) will be interviewing and taking photographs this event for use in promotional materials and other publications.

Under the Alberta *Personal Information Protection Act (PIPA)*, we require your permission to photograph and videotape you and to use your images and statements in any St Mary's University promotional material or other press related stories. Please sign below to indicate your willingness to participate.

We hereby consent that our pictures, silhouettes or other reproductions of our physical likeness may be used in and in connection with any and all print and/or digital materials and publications created for and used by St. Mary's University.

We also consent that statements we make in interviews for this purpose may be used in any St Mary's publications and other media publications.

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Signed trils day or			
Name	Signature		

If you have any questions or concerns about the use of your image or St Mary's University privacy policy, or if you wish to withdraw your consent, please contact the University at (403) 531-9130.