



**Social Accountability Lab for Learning and Teaching Application (SALLT)**

Please complete the application and submit it along with your letter(s) of support to [social.accountability@usask.ca](mailto:social.accountability@usask.ca)

**Student / Resident Information**  
 (If you are a group applying, please fill out each student or resident's information)

Name:		NSID:	
Email:		Year:	

**Student / Resident Information**

Name:		NSID:	
Email:		Year:	

**Student / Resident Information**

Name:		NSID:	
Email:		Year:	

**Supervisor / Mentor Information**  
 (May be faculty and/or a community member)

Name:		NSID (if applicable):	
Email:		Department/Organization:	

**Supervisor / Mentor Information**  
 (May be faculty and/or a community member)

Name:		NSID (if applicable):	
Email:		Department/Organization:	





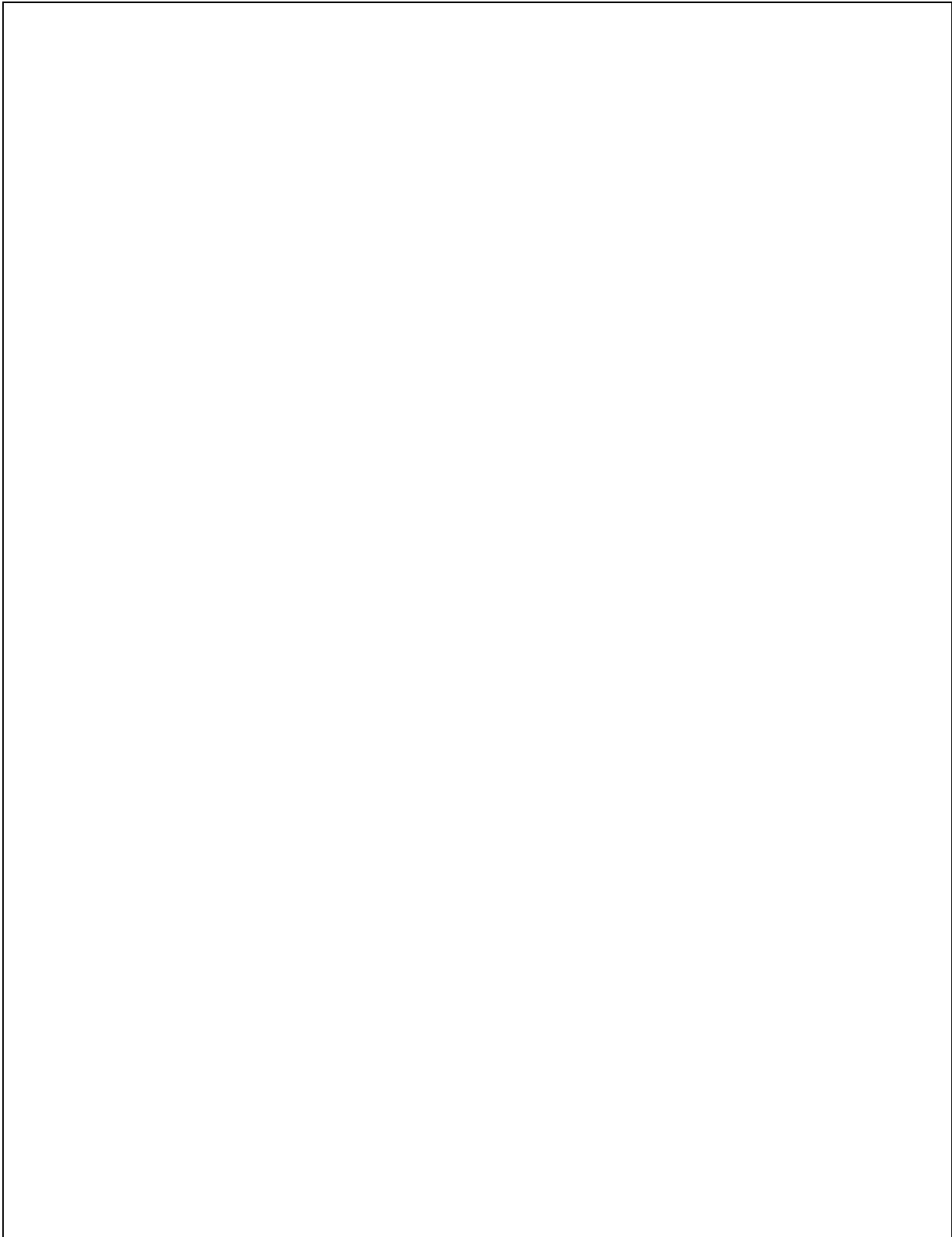
**Project Details**

Project Title:			
Start Date:		End Date:	

**Project Description**

Using **one** page, single-spaced, max. 500 words, outline the major elements of your project clearly and concisely. Be sure to include the following:

- What problem / issue this project is trying to address
- The importance and significance of this project
- Methodology and analysis
- Optional: Attach a list of references cited (Not included in the one-page limit)





### Deliverable(s)

Please describe your deliverable(s) that will impact student learning. This deliverable MUST be concrete – something shareable in a classroom setting or that can be used as teaching material or a tool to enhance student learning.

### Budget

Please provide a detailed budget in the space below.



**Student / Resident Statement**

Have you undertaken any actions in the recent past to drive change on a community health issue? If so, please share an example in the space below.

**Agreement Acknowledged by Student / Resident and Supervisor or Mentor**

I agree, to the best of my ability, that the information above is correct and that the duties and responsibilities have been mutually agreed upon by both parties.

I understand that this project must be completed within one year.

I understand that by submitting a completed copy of this application I have agreed to the above terms, as well as any terms and conditions outlined in the guidelines.



Please complete below to verify agreement:			
Student/Resident Name:		Date:	
Signature:			
Student/Resident Name:		Date:	
Signature:			
Student/Resident Name:		Date:	
Signature:			
Supervisor/Mentor Name:		Date:	
Signature:			
Supervisor/Mentor Name:		Date:	
Signature:			