



## McLean Foundation Graduate Student Summer Award

### PART I – Personal Information

Surname:	Given Name:	Student Number:
Program	Year in Progress:	Degree Expected, Year
Thesis Topic:		
Are you planning to return to university next year:    Yes    No    If yes, you are planning on:		
continuing graduate studies    registering for advanced level graduate program    Other: <i>Please comment:</i>		
Current Address (include street, city and postal code)		
Telephone Number:		Email Address:

### PART II – Relevant Research and Work Experience

FROM: YR. MO.	TO: YR. MO.	POSITION	INSTITUTION/COMPANY/CITY/COUNTRY	SUPERVISOR'S NAME

### PART III – University Academic Achievements (Prizes, Honours, Awards)

Prizes/Honours/Awards	Awarded By	Year Won/Held

### PART IV – Candidate's Publications

Provide a list of your publications and presentations. List only papers/abstracts that have been <b>published</b> or are <b>in press</b> .
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**Part V - Proposed Research Project (to be completed by student)**

Title of Research Project:
Proposed research project, learning objectives, and how they will be met through the McLean Foundation Student Summer Award

I hereby grant my permission for the Office of Research to access my financial aid record for the purpose of confirming financial need

Yes

No

If "NO" student will need to provide an official statement from Financial Aid indicating OSAP eligibility

I hereby acknowledge that the information above is accurate and I agree to abide by the regulations governing this award.

\_\_\_\_\_  
Name of Student:

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

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

**PART VI – Proposed Research Project (to be completed by supervisor)**

Name of Supervisor:

Department:

Email Address:

Telephone and Extension #:

Do you anticipate that this project will require ethical review:      Yes                      No

If yes, please indicate the appropriate review board(s):      Animal Care              Research Ethics              Biosafety

I hereby certify that I will be supervising this student in the proposed research and development activities during the proposed period. I also agree to provide \$4000.00 in matching funds to support the student from my Tri Council funding.

\_\_\_\_\_  
Name of Supervisor:

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

\_\_\_\_\_  
Date;

Type of Tri Council Grant:

Account Number: