Confirmation of Supervision Form

Instructions for the applicant: Please fill out Part 1 of this form and have your proposed supervisor complete Part 2. The duly completed form along with the project description must be sent as an attachment to experimental.medicine@mcgill.ca.

A student cannot enter the program until a commitment of financial support is obtained either from (a) a foreign government body who awards a scholarship for study abroad or (b) a studentship from an agency (e.g. CIHR, NSERC, etc.) or (c) a supervisor willing to financially support the student. A commitment of financial support is therefore a prerequisite for admission and the funding source, duration and amount must be clearly indicated. Note that the minimum annual stipend payable is defined as follows:

Master's level:
Canadian - Quebec Residents: a minimum of $18,500/year.
Canadian - Non-Quebec Residents: a minimum of $22,000/year for 3 semesters; $18,500/year, thereafter.
International students: a minimum of $22,500/year, for 3 semesters; $18,500/year, thereafter.

Doctoral level:
Canadian - Quebec and Non-Quebec Residents: a minimum of $18,500/year.
International students: a minimum of $22,500/year, for 6 semesters; if admitted at the Ph.D. 2 level (with a prior M.Sc.) and for 8 semesters; if admitted at the Ph.D. 1 level (without a prior M.Sc.); $18,500/year, thereafter.

(Note: The higher stipend needs only to be paid during the period for which a student is charged the international supplement or the out-of-province supplement on their fees, i.e., during full-time terms in which they have not been awarded any fee reduction (by way of a fee exemption or fee waiver). Once the student reaches “Additional Session”, their fees decrease to the Quebec rate, and they only need to be paid the $18,500 minimum stipend stipulated for Quebec students. We recommend that supervisors ask for a copy of a student’s fee statement for any given semester, in order to verify their status.

In all instances, supervisors are free to pay more than the minimum stipend recommended, if they wish.

Part 1 (to be completed by the applicant)

Name of applicant: __________________________________________
Name of proposed supervisor: __________________________________
Name of proposed co-supervisor (if applicable): ________________________
Program: ______________________________________________________
Proposed date of entry (eg. Fall 2017): ________________________________

Please check the line that applies to your case:

_____ I have a scholarship and/or funding from my government for the purpose of studying abroad (please attach the confirmation of award of this scholarship). In this case, the proposed supervisor needs to complete Part 2 (a) only, and sign and date this form.

_____ I have my own studentships from the following agency (e.g. CIHR, NSERC, etc..), in the amount of ____________ and valid from _______________ to_________________. The proposed supervisor must complete Part 2(a) and (b), and sign and date this form.

_____ My proposed supervisor has agreed to support me as per information provided below. The proposed supervisor must complete Part 2(a) and (b), and sign and date this form.

Applicant’s Signature: ___________________________ Date: ___________________________

Part 2 (to be completed by the proposed supervisor)

(a) _____ I agree to act as the applicant’s supervisor.

(b) _____ I agree to provide financial support to the applicant for the amount of ________________ per annum. This amount will be paid for the duration of the student’s studies in Experimental Medicine. *

* I understand that I am committing to providing this financial support for the duration of the applicant’s tenure in my laboratory and that, should the applicant presently hold a studentship or fellowship, I will only be held to provide enough funds to guarantee that the applicant receives the minimum stipend stipulated by the Department. It is implicitly understood that, should the fellowship or other external source of funding be discontinued, I will then be held to payment of the minimum stipend in its entirety.

Supervisor’s Signature: ___________________________ Date: ___________________________

Co-Supervisor’s Signature (if applicable): ___________________________ Date: ___________________________