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 supervisor willing to financially support the student or (b) a fellowship/scholarship/studentship from an agency (e.g. CIHR, NSERC, etc.) or (c) a foreign government body who awards a scholarship for study abroad. 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 “Addition 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 2018): ___________________________

Please check the line that applies to your case:

_____ 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.

_____ I have my own fellowship/scholarship/studentship 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 (c), and sign and date this form.

_____ I have a scholarship 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) and (c), 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.

(c) _____ I agree to provide financial support to the applicant for the amount of ______________ per annum, should the external source of funding be no longer available. 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 fellowship/scholarship/studentship, I will only be required to provide enough funds to guarantee that the applicant receives the minimum stipend stipulated by the Division. It is understood that, should the fellowship/scholarship/studentship 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: ___________________________

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