

## 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](mailto:experimental.medicine@mcgill.ca).

A student cannot enter the program until a commitment of financial support is obtained 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. 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 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. \*\*

\* The financial commitment must be from the primary supervisor (not the co-supervisor).

\*\* 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: \_\_\_\_\_