RESEARCH SCHOLAR PROGRAM 2017

SUPERVISOR/PROJECT INFORMATION FORM



Due on or before October 21 2016. Forms received after this date will not be posted on the website.

**SUPERVISOR INFORMATION**

Supervisor Name:

Mailing Address:

Telephone Number:

Email Address:

Degree (MD, PhD, MD/PhD):

Academic Rank:

Field of Research:

Graduate School Appointment (IMS, IHPME etc..):

*Please note that you must be appointed to the SGS in order to be a supervisor in the Scholar Program*

Research Institute Affiliation (if applicable):

Allocation of student contact time (# of hours per week you are available to the student for any concerns or to review progress):

Do you have a student that you have already agreed to work with?

*Please note, you may go ahead with a self-initiated project with a student of your choosing. If you choose this option, your project will not be posted online, meaning it will not be open to student applicants.*

**PROJECT INFORMATION**

Project Title:

Project Description (max 500 words):

If human subjects are involved, has Ethics been obtained?

YES NO Application Submitted N/A

Do you expect this work will be published within 20 months?

YES NO Uncertain

Student’s Roles / Responsibilities (Please be as specific as possible) Please indicate who will serve as the student’s direct report. (PI, PDF, PhD student, technician etc…):