

# Disclosure of Graduate Student Stipend Support Form

For students enrolled in an MSc with thesis in BCH, CMM, MIC or NSC; or a PhD in BCH, CMM, MIC or NSC.

Return this form by email to [grad.med@uOttawa.ca](mailto:grad.med@uOttawa.ca).

Student Identification		
FIRST NAME	LAST NAME	STUDENT NUMBER
<b>Graduate program</b>	Level: <input type="checkbox"/> MSc <input type="checkbox"/> PhD	Program: <input type="checkbox"/> BCH <input type="checkbox"/> CMM <input type="checkbox"/> MIC <input type="checkbox"/> NSC

All Faculty of Medicine students enrolled in the above graduate programs receive a minimum guaranteed stipend provided to them by their supervisor or through an external scholarship equivalent to the minimum stipend. All students are expected to seek an external scholarship. The Office of the Vice-Provost, Graduate and Postdoctoral Studies, provides admission/special merit scholarships to eligible candidates, in addition to the minimum stipend provided by the thesis supervisor.

Students who have not secured external scholarships must be entirely supported by the stipend provided by their supervisor, usually through research grants or partially through a Teaching Assistant (TA) position. If a student receives an award that is less than the minimum guaranteed stipend (please see minimum stipend amounts below), the supervisor must supplement the scholarship with a stipend to bring the total amount up to the guaranteed minimum.

It is the supervisor's responsibility to ensure that the appropriate stipend support is provided to all graduate students under his/her supervision. In the case where a student is on medical leave, the stipend payments must continue for a maximum of four weeks. Should the supervisor encounter financial difficulties due to lack of grants support, they must immediately inform the Program Director.

Guaranteed stipend must cover a minimum duration of 2 years for an MSc and a minimum of 4 years for a PhD. Students who enroll in the MSc program and fast-track to the PhD program without writing a master's thesis will be supported for five years. If the student's progress has been judged satisfactory in all previous progress reports, then support should be provided for the duration of the research and appropriate time for writing the thesis; if not, any further support can be negotiated between the student and the supervisor and reported to the Program Director for final approval. In the event of unsatisfactory progress in the research program, the student may be asked to withdraw from the program. In this case, the supervisor has the right to terminate financial support.

Minimum Guaranteed Stipend for the Faculty of Medicine Graduate Students (EFFECTIVE SEPTEMBER 1 <sup>st</sup> , 2022)	
<ul style="list-style-type: none"> <li>MSc with thesis in BCH, CMM, MIC or NSC: Minimum stipend of <b>\$21,000/year</b></li> <li>PhD in BCH, CMM, MIC or NSC: Minimum stipend of <b>\$24,000/year</b></li> </ul>	<p><b>Please note, for current MSc students affected by the COVID-19 pandemic, transfer to the research project option will not affect your stipend and/or scholarships (including the admission scholarship).</b></p>

Supervisor's Commitment	
By signing this form, you acknowledge that you:	
<ul style="list-style-type: none"> <li>Have read the student's application and interviewed the applicant</li> <li>Accept to follow and be aware of the regulations governing the Faculty of Medicine Graduate Programs</li> <li>Will take full responsibility in the training and payment of your new graduate student</li> </ul>	
<input type="checkbox"/> SCHOLARSHIP <input type="checkbox"/> STIPEND	SOURCE: _____ AMOUNT PER YEAR: _____

Signatures		
_____ <small>NAME OF SUPERVISOR</small>	_____ <small>SIGNATURE (SUPERVISOR)</small>	_____ <small>DATE (YYYY-MM-DD)</small>
_____ <small>NAME OF THE CO-SUPERVISOR (IF APPLICABLE)</small>	_____ <small>SIGNATURE (CO-SUPERVISOR)</small>	_____ <small>DATE (YYYY-MM-DD)</small>
Year _____ Fall <input type="checkbox"/> Spring/Summer <input type="checkbox"/> Winter <input type="checkbox"/>	_____ <small>SIGNATURE (STUDENT)</small>	_____ <small>DATE (YYYY-MM-DD)</small>

**IMPORTANT : For your financial support to be activated, you must contact the Department administrator to fill out the contract.**