

Supervisor and Disclosure of Graduate Student Stipend Support Form

For Students Enrolled in the Epidemiology Program.

Return this form by email to grad.med@uOttawa.ca.

Student Identification			
FIRST NAME _____	LAST NAME _____	STUDENT NUMBER _____	
PROGRAM _____	M.Sc. <input type="checkbox"/> Ph.D. <input type="checkbox"/>	FIRST TERM OF ENROLMENT _____	

All Faculty of Medicine graduate students enrolled in the epidemiology program receive minimum guaranteed funding provided to them by their research supervisor or through an external scholarship/source equivalent to the minimum funding amount. All students are expected to seek an external scholarship. The Faculty of Medicine provides admission/special merit scholarships to eligible candidates, in addition to the minimum funding provided by the supervisor.

For more information on the Minimum Guaranteed Stipend Policy for the Epidemiology program please refer to the following webpage

- <https://www.uottawa.ca/faculty-medicine/graduate-postdoctoral/students-hub/awards-and-financial-support>

Minimum Guaranteed Stipend for the Faculty of Medicine Graduate Students
MSc: Minimum stipend of \$18,000 for the first year of the program PhD: Minimum stipend of \$24,000 per year for a duration of 4 years

Supervisor's Commitment	Student's Commitment
By signing this form, you acknowledge that you: <ul style="list-style-type: none"> • Have read the student's application and interviewed the applicant. • Accept to follow and be aware of the regulations governing the Faculty of Medicine Graduate Programs. • Will take full responsibility in the training and payment of your new graduate student. 	By signing this form, you acknowledge that you: <ul style="list-style-type: none"> • Have read the Guaranteed Stipend Policy for the Epidemiology program • Have met and discussed the Stipend policy with my supervisor • Acknowledge that it is your responsibility to enrol to courses that meets your program requirements

Scholarship/ External source Stipend

Source: _____ Amount per year: _____

By choosing to opt out of the minimum it is understood that the student:

Opting out of the minimum stipend

- has a source of funds equivalent to, or greater than, the minimum funding amount defined above for the duration of their time in the program;
- is opting out of the funding requirement described above; and
- understands the opt-out applies for duration of their time in the program.

Signatures		
NAME OF THE SUPERVISOR _____	SIGNATURE (SUPERVISOR) _____	DATE (YYYY-MM-DD) _____
NAME OF THE CO-SUPERVISOR _____	SIGNATURE (CO-SUPERVISOR) _____	DATE (YYYY-MM-DD) _____
SIGNATURE (STUDENT) _____		DATE (YYYY-MM-DD) _____