

Supervisor Disclosure of Graduate Student Stipend Support Form

For Students Enrolled in the Clinical Science and Translational Medicine 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 _____	

This stipend policy applies to MSc with thesis programs and PhD programs in the Clinical Sciences and Translational Medicine Program at the Faculty of Medicine, with certain exceptions. MSc with research project and part-time studies in any program are not eligible for stipend support. For eligible students, the stipend is provided by their research supervisor or through an external scholarship/source equivalent to at least 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 please refer to the following webpage:

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

Minimum Guaranteed Stipend for the Faculty of Medicine Graduate Students	
MSc-Thesis: Minimum stipend of \$23,000 per year (2 years)	PhD: Minimum stipend of \$25,000 per year (min. 4 years)

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

Scholarship/ External source
 Stipend

Source: _____ Amount per year: _____

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) _____