

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. _____ Ph.D. _____ 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, the MSc/PhD with QPS or ISSiM concentrations, 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

By signing this form, you acknowledge that you:

- 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.

Student's Commitment

By signing this form, you acknowledge that you:

- 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/ ☐ Stipend

External source

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) _____