



Part A | General Information

Individual

Team

Principal / Co-Investigator at the U of M _____ Department _____

Mailing Address _____

Email Address _____ Phone Number _____

Grant Type SSHRC Partnership / Standard / Strategic / Development
 NSERC Discovery (first time only) / Strategic / CRD
 CIHR Strategic

Is this a new grant, or a renewal? New Renewal If "Renewal", how many times has it been renewed? _____

Have you held an academic appointment (i.e. assistant, associate, full professor) elsewhere? Yes No

Funded student type Doctoral Master's

Have you ever applied to the above-indicated Tri-Council Agency (i.e. SSHRC, NSERC, CIHR)? Yes No

Project Title _____

Start Date of Grant _____ End Date of Grant _____

FOAP F: _____ O: _____ A: _____ P: _____

Part B | Student Information

Student Name (Last, First) _____ Department _____

Email Address _____

Program Start Date _____ Proposed Start of Funding _____ Proposed End of Funding _____

Amount to be paid to student from grant _____

Amount requested from GETS _____

FAST printout showing expenditure and/or commitment from grant to student is attached.

I have read the GETS guidelines (available online at umanitoba.ca/graduate_studies/forms/)

Signature _____ Date _____

Office Use Only Student (Award) GPA _____