

APPLICATION FORM

THE R. SAMUEL MCLAUGHLIN/MMSF
RESEARCH & EDUCATION
FELLOWSHIP AWARD IN MEDICINE

- 1. Name of Applicant (print):
2. Address: (permanent):
(present):
3. Date of birth: 4. Place of birth:
5. Citizenship: 6. Social Insurance No.:
7. Degrees and Diplomas obtained: (give institution, date, discipline)
8. Is the applicant proceeding or planning to proceed to any additional degree? If so, specify the degree, institution and year expected.
9. Current appointment:
10. Appointments held since first degree (in chronological order):
11. Publications: (Attach schedule if necessary)
12. Fields of medical interest:
13. Department and Institution in which training program is to be undertaken: -
(a) Address:
(b) Supervisor(s):
14. Nature of fellowship/research undertaking: (Attach an outline and summary approximately 2 to 4 pages)
15. Relevance of this training to future academic work at the University of Manitoba.
16. Date on which Fellowship Award is expected to commence:
Head/Chairman (signature) Head/Chairman (print name)
Proposed Supervisor(s) (print name) Proposed Department/Program/Institute

Undertaking of Applicant:-

I have read the application submitted for a McLaughlin Fellowship Award and the regulations governing this Award. I agree to the proposals, the conditions of the Fellowship, and agree to accept the appointment if awarded.

Date

(Signature of Applicant)

