



Applicant Name _____

- To be completed by proposed advisor and student. Parts A and B must be completed.

Proposed Advisor _____ Current Position/Home Faculty _____

Part A | Confirmed Funding and Support

Please confirm funding that you will provide your proposed applicant. If you do not have confirmed funding, please indicate 0.

If confirmed funding is 0, please have applicant complete Applicant Funding Statement below.

Table with 3 columns: Funding Stipulations?, Amount, Source. Includes subtext: e.g., hours of research done per week and e.g., SSHRC, MHRC.

Applicant Funding Statement

If Advisor's confirmed funding is 0, applicant must complete and sign statement.

I, _____, have discussed funding with my proposed advisor, and agree that I will be entirely responsible for all funding for my studies and my living expenses during my graduate studies at the University of Manitoba in the Applied Health Sciences PhD program.

Student Signature _____ Date _____ MM/DD/YYYY

Advisor Signature _____ Date _____ MM/DD/YYYY



Applicant Name _____

Part B | Proposed (but not confirmed) Funding Plan for Applicant

Please indicate the funding that you plan to use (but have not confirmed) to support the applicant and their research.

Table with 4 columns: Agency, Type (Scholarship or Research Grant), Status (Awarded, Applied for, Planned Application), and Date(s). The table contains 15 empty rows for data entry.

Advisor Signature _____ Date _____ MM/DD/YYYY

Part C | Applicant Part-Time Status Statement

Complete if applicant plans to be a part-time student.

I, _____, declare that I will be a part-time student. I understand that being a part-time student, I am ineligible to apply for most major scholarships and awards.

Student Signature _____ Date _____ MM/DD/YYYY