

CSHRF Major Student Research Award Application Form

Applicant Name:

Please check:

U of M Student Number:

PhD

Department:

MSc

Social Insurance Number:

Applicant Contact Information

Email address:

Home Address:

City, Province:

Postal code:

Telephone number:

Research Information

Anticipated graduation date:

Briefly state your career goals following graduation:

Supervisor:

Advisory Committee members (incl. department):

Research Title:

Short title (up to 35 characters, including spaces):

referees (two):

Name:

Email Address:

Name:

Email Address:

Subject area(s) of consideration:

(PhD candidates only)

Cardiovascular
Cell Biology (broadly interpreted)
Infection and Immunity
Neurobiology
Open/Unallocated (PhD)
Pediatrics and Child Health
Population-based Research
Translational Research
Imaging/Radiology

(MSc Candidates)

Open/Unallocated

Did you submit the following documents as ONE pdf file (in the following order)?:

Application Form

Cover Letter

Abstract of thesis

curriculum vitae of applicant

publications

please note: digital photo and thesis (if available) should be included as separate files in your application.

I have read the Terms of Reference

<https://umanitoba.ca/health-sciences/sites/health-sciences/files/2022-02/major-student-research-award-terms-of-reference.pdf>

Applicant's Signature

Supervisor's Signature