



The McGill-CIHR Training in Drug Development scholarship and fellowship 2015 Competition
SPECIAL TRAINING AWARD



Please sign at the bottom of this page and send it in PDF format by email at trainingindrugdev@mcgill.ca

Is this a FIRST application? Yes No

Deadline: October 19, 2015

Surname _____	First Name _____	For correspondence Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/>
Institutional Address _____ <i>(include room number)</i>	Department _____	
	Phone & ext: _____	
	e-mail _____	
Supervisor Surname _____	Supervisor First Name _____	
Institutional Address _____	Department _____	
<i>(include room number)</i>	Phone & ext _____	
	e-mail _____	

Project Title

Project Relevance to Drug Discovery and Development

Description of training requested and justification

Dates of the proposed training:

From: _____ To: _____

Applicant Disclosure

I agree to respect the terms and limitations of the proposed training and to notify the DDTP when the training has been completed

Name _____

Signature _____

Supervisor Agreement

I hereby confirm that the student is in good standing in his/her graduate program and in my laboratory
 I hereby grant permission to the student to take the proposed training.

Name _____

Signature _____