



SUPERVISOR'S FORM

Name _____

Applicant's Name _____

Department (Primary affiliation) _____ Secondary affiliations (please list all) _____

1. STATEMENT OF SUPPORT (Explain why the student should be funded)

2. STATEMENT OF RELEVANCE (Please comment on the relevance of the sponsored candidate's research project to the field of drug discovery and development)

3. LIST OF CURRENTLY HELD GRANTS (Outline grants secured for the applicant specific project and confirm your financial commitment should he/she be granted an award in the current competition)

Name	Amount/Year	Start and End Date	Financial contribution to applicant's project

5. CONSENT TO PUBLISH THE LAY ABSTRACT ON DDTP WEBSITE

- I consent.
- I consent to publish with modifications.
- I DO NOT consent.

6. CONSENT FOR EXTERNAL REVIEW ASSIGNMENT

For more objectivity in the review process, external reviewers will be invited. Your trainee's application(s) may contain chemical structures or other information you do not want to disclose to an industry-based reviewer. Please indicate whether or not you authorize the program administration to assign your trainee's application(s) to external reviewers from industry.

- I consent.
- I consent but block chemical drawings.
- I consent but block the following information [e.g. figure(s)]:

- I DO NOT consent.

Supervisor's signature

Print Name: _____

X _____

Date _____