



School of Graduate Studies

Scholarship/Fellowship Application Approval Form
Canada Graduate Scholarship-Doctoral or Master's

\*Note: You may submit either the original signed document, or a scanned copy of the original. If scanned version is submitted, please retain the original signed copy for your files.

A. SUPERVISOR AND APPLICANT INFORMATION
Applicant's Name:
Research Mandate (CIHR, NSERC or SSHRC): CIHR
Current Level of Study:
Current Institution and Department:
Date(s) of completion of degree(s):
Number of peer-reviewed publications, 1st author & co-author:
Email:
Supervisor's Name:
Title:
Department:
McMaster Employee #:
Campus Address:
Telephone:
Email:
Other McMaster Supervisor and department (i.e. co-supervisor):

B. SPONSOR INFORMATION
Sponsor's name: CIHR Doctoral Research Award
Program/Special Initiative: N/A
Program Deadline: McMaster Internal ResearchNet Deadline
Friday, September 22, 2017, 12:00 p.m.
Sponsor/Program Website: https://www.researchnet-recherchenet.ca/rnr16/viewOpportunityDetails.do?progCd=10794&language=E&fodAgency=CIHR&view=browseArchive&browseArc=true&org=CIHR
Sponsor is: [X] Government [ ] Non-Profit [ ] Industry [ ] Internal (McMaster)
If the funding is coming from a source other than the Primary Sponsor (e.g. by way of a sub-grant or sub-contract), please provide the name of the institution that is forwarding the funds:
Please provide confirmation of Sponsor funding, either by [ ] Agreement or [ ] Letter / Award Notice [X] N/A
Indicate whether the Dollars are for Amount: [X] Applied For, or [ ] Awarded.....and whether [ ] Canadian or [ ] US
[ ] 1 Year: \$35,000 [ ] 2 Years: \$35,000 [ ] 3 Years: \$35,000

C. PROJECT INFORMATION Please attach proposal, budget, budget justification, and agreement or notice of award, if applicable.
Project Title:
Short Project Title (max 20 characters if Applicable):
TYPE OF GRANT (Check ONE only)
Personnel: [ ] New Investigator [ ] Career Investigator [ ] Postdoctoral Fellowship [X] Doctoral Award
[ ] Scholarship [ ] Studentship
[ ] Other:
Other: [ ] Internally Sponsored Research Chartfield (2 or 7-Fund number):
[ ] Sub-grant
Expected Start Date of Award:
Expected End Date of Award:
To applicants and signatories, intellectual property matters are governed by the Joint IP Policy at McMaster. Please refer to link:
https://milo.mcmaster.ca/policies/joint\_ip\_policy

**D. CERTIFICATIONS/APPROVALS** – Please note that a research account will not be opened until all applicable approvals are in place.

**1. Does the project involve: (a) Human participants, their records or tissues; (b) Animals and their tissues; (c) Biohazardous materials (e.g. viruses, bacteria or yeast, cancer or immortalized cell lines, parasites, toxins of a biological origin, plant or aquatic pathogens); (d) Radioactive materials or devices; or (e) Controlled goods or technology? Please indicate below and attach all FINAL approval letters and most current renewal letters, if applicable.**

<b>Human Ethics</b> <a href="http://www.fhs.mcmaster.ca/healthresearch/reb/healthscienceresearchinvolvinghumans.html">http://www.fhs.mcmaster.ca/healthresearch/reb/healthscienceresearchinvolvinghumans.html</a>	REB #	Pending <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>A HUMAN ETHICS ADMIN FEE OF \$3,000 IS REQUIRED FOR INDUSTRY-FUNDED PROJECTS. INDICATE WHO WILL PAY THE FEE:</b> <input type="checkbox"/> Industry Sponsor or <input type="checkbox"/> Principal Investigator			
<b>Animal Ethics</b> <a href="http://www.fhs.mcmaster.ca/healthresearch/areb_introduction.html">http://www.fhs.mcmaster.ca/healthresearch/areb_introduction.html</a>	AUP #	Pending <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>Biohazard (Approval is required at time of funding only, unless sponsor process requires it at application)</b> <a href="https://biosafety.mcmaster.ca/biosafety_bha.htm">https://biosafety.mcmaster.ca/biosafety_bha.htm</a>	BH #	Pending <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>Health Physics</b>	HP #	Pending <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>Does this research involve Controlled Goods and/or Controlled Technology?</b> <a href="http://www.workingatmcmaster.ca/link.php?link=eohss:controlled-goods">http://www.workingatmcmaster.ca/link.php?link=eohss:controlled-goods</a>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>License for research in the field?</b> <a href="http://www.rcr.ethics.gc.ca/eng/policy-politique/framework-cadre/#24">http://www.rcr.ethics.gc.ca/eng/policy-politique/framework-cadre/#24</a>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Approved – documentation attached	
<b>2. Does the project require Environmental Assessment?</b> <a href="http://www.ceaa.gc.ca/default.asp?lang=En&amp;n=0046B0B2-1">http://www.ceaa.gc.ca/default.asp?lang=En&amp;n=0046B0B2-1</a>		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**F. SIGNATURES**

Faculty Supervisor signature certifies that:

- the information provided is accurate; and
- the project will be directed in compliance with McMaster University policies
- the proposed budget is consistent with the objectives of the PIs academic department;
- the campus resources to be committed to this project are accurately described in the proposal; and

I hereby authorize this grant submission and/or an account to be set up upon approval by the sponsor.

<b>Applicant:</b>	<b>Faculty Supervisor:</b>	<b>Department Chair/ Institute Director</b>
Signature:	Signature:	Signature:
Name (print):	Name (print):	Name (print):
Date:	Date:	Date: