



Motyl Graduate Studentship in CARDIAC SCIENCES
Faculty of Medicine & Dentistry
APPLICATION FORM

Students must submit the completed application form and attachments electronically as ONE PDF FILE to fmdgrd@ualberta.ca.

NOTE: Protection of Privacy - The personal information requested on this form is collected under the authority of Section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act. It will be used for the purpose of general administration.

PART 1: PERSONAL INFORMATION

A. CANDIDATE'S INFORMATION

Name: <u>Surname</u> , First Name	Department
Student ID:	E-mail address:

B. SUPERVISOR'S INFORMATION

Supervisor: Surname, First Name	Primary Department
Complete Office/Lab Mailing Address	Work phone:
	E-mail address:

SIGNATURES

Signature of:	Printed Name	Date
Candidate:		
Supervisor:		
Department Chair or Graduate Coordinator:		

C. PROGRAM INFORMATION

1. Indicate the graduate program in which you are/will be enrolled:

☐ M.Sc.

☐ Ph.D.

2. Indicate the month and year of initial registration as a graduate student: _____

2. Current funding source(s): _____
(Please specify amount and if it is supervisor grants/awards)

4. Current total amount of funding per year: _____

D. COURSEWORK

1. List courses completed and/or planned:

E. CANDIDATE'S CURRENT AND COMPLETED UNIVERSITY PROGRAMS

Submit all University level transcripts. (Additional pages may be appended if necessary.)

Degree/Diploma/Specialization/Faculty	University/Institution/Country	Dates of Enrolment	
		FROM(Mo/Yr)	TO(Mo/Yr)

F. UNIVERSITY ACADEMIC ACHIEVEMENTS (Prizes, Honors, Awards)

(Additional pages may be appended if necessary.)

Prizes/Honors/Awards	Awarded By	Year Won/Held and amount

G. RELEVANT RESEARCH AND WORK EXPERIENCE

FROM: YR. MO.		TO: YR. MO.		Position	Institution/Company/City/Country	Supervisor's Name

H. CANDIDATE'S PUBLICATIONS (Additional pages may be appended if necessary.)

Provide a list of your scientific publications and presentations.

I. LETTERS OF REFERENCE

Identify the two individuals who have been asked to submit a letter of reference on your behalf. The supervisor should be one of the two.

Name	Institution/Organization	E-mail and Telephone Number

PART 2: PROPOSED RESEARCH PROJECT

A. In the space provided below, the ***student*** is to provide a lay description of how their project relates to the area of cardiac sciences (including cardiovascular diseases and related risk factors). **Please ensure that the font size is Arial 10 pt or larger. Additional pages will not be accepted.**

Statement of health problem or issue:

Relevance of your project to cardiac sciences (including cardiovascular diseases and related risk factors):

B. In the space provided below, the ***student*** is to provide a summary of the research project. **Please ensure that the font size is Arial 10 pt or larger. Additional pages will not be accepted.**

Project Title:

PART 3: SUPERVISOR’S INFORMATION

A. SUPERVISOR’S EMPLOYMENT EXPERIENCE

List chronologically all appointments held, including years and location.

B. SUPERVISOR’S RESEARCH FUNDING

List only active and/or pending operating research grants. Do not list equipment or equipment maintenance grants. If you are a co-investigator on a grant, list only the portion of the funding you will receive. (Use additional pages if necessary).

Granting Agency	Role (PI/Co-PI)	Title of Project	Period of Support	Amount/Year
Active				
Pending				

C. SUPERVISOR’S RESEARCH PUBLICATIONS

On a separate page, list your publications for the **past 5 years**. List only papers *published or in press*.

D. SUPERVISOR’S RESEARCH TRAINEES List all currently supervised trainees.

Surname, first name	Type of Trainee		Source of Support	Expected Completion Date of Training
	PDF	Grad Student		

E. SUPERVISOR’S RESEARCH AREA

Provide a brief description of the work carried out in the laboratory or in your research group, the facilities, and/or personnel available to the trainee, indicating the relevance to the candidate’s studies.