Applicant’s Name:

Research Mandate (CIHR, NSERC, SSHRC):

Current Level of Study:

Current Institution and Department:

Email:

Supervisor’s Name and Title:

Department:

Email:

Co-Supervisor Name and Department (if applicable):

**Faculty Supervisor/Department Chair signatures certify that:**

* the application has been approved for nomination
* the information provided is accurate; and
* the project will be directed in compliance with [McMaster University policies](https://www.mcmaster.ca/policy/faculty/Research/)

and with all applicable laws and regulations.

**Applicant Signature:**

**Name (Print):**

**Date:**

**Faculty Supervisor Signature:**

**Name (Print):**

**Date:**

**Department Chair (or delegate) Signature:**

**Name (Print):**

**Date:**