

## Confirmation of Supervision Form (Digital Health Innovation program)

The completed form along with the project description must be sent as an attachment to [experimental.medicine@mcgill.ca](mailto:experimental.medicine@mcgill.ca).

A student cannot enter the program until a commitment of financial support is obtained from (a) a supervisor willing to financially support the student, or (b) a fellowship/scholarship/studentship from an agency (e.g. CIHR, NSERC, etc.), or (c) a foreign government body who awards a scholarship for study abroad. A commitment of financial support is therefore a prerequisite for admission and the funding source, duration and amount must be clearly indicated.

**The minimum annual stipend payable is defined as follows for each category of students:**

Master's students in Digital Health Innovation (DHI) program:

The minimum stipend requirement is not enforced from September 1 to April 31 of the first year of the DHI program as students take courses full time and do not participate in research.

From May 1<sup>st</sup> to December 31<sup>st</sup> of the first year, students will be paid at the international, out of province, or Quebec level, as applies. From January 1<sup>st</sup> to April 31<sup>st</sup> of the second year, students will be paid at the Quebec level. Students are expected to have submitted their thesis by May 1<sup>st</sup> of the second year.

The current values of the minimum stipend are as follows for each category of students.

**1a.** Canadian - Quebec Residents: a minimum of \$18,500/year.

**1b.** Canadian - Non-Quebec Residents: a minimum of \$22,000/year for 3 semesters; \$18,500/year thereafter.

**1c.** International students: a minimum of \$22,500/year for 3 semesters; \$18,500/year.

However, it is expected that by September 2022, the Faculty Harmonized stipend will increase these rates:

**1a.** Canadian - Quebec Residents: a minimum of \$21,430/year.

**1b.** Canadian - Non-Quebec Residents: a minimum of \$26,826/year for 3 semesters; \$21,430/year thereafter.

**1c.** International students: a minimum of \$37,172/year for 3 semesters; 21,430/year thereafter.

**NOTE: The higher stipend needs only to be paid during the period for which a student is charged international or out-of-province student fees and they have not been awarded any fee reduction (fee exemption or fee waiver). Once students reach "Additional Session", their fees decrease to the Quebec rate, and they only need to be paid the Quebec Resident amount. Supervisors can ask for a copy of a student's fee statement in order to verify their status.**

**In all instances, supervisors are free to pay more than the minimum stipend recommended.**

### **Part 1 (to be completed by the applicant)**

Name of applicant: \_\_\_\_\_

Name of proposed supervisor: \_\_\_\_\_

Name of proposed co-supervisor (if applicable): \_\_\_\_\_

Program: \_\_\_\_\_

Proposed date of entry (e.g. Fall 2021): \_\_\_\_\_

Please check the line that applies to your case:

\_\_\_\_\_ My proposed supervisor has agreed to support me as per information provided below. ***The proposed supervisor must complete Part 2(a) and (b), and sign and date this form.***

\_\_\_\_\_ I have my own fellowship/scholarship/studentship from the following agency (e.g. CIHR, NSERC, etc.), in the amount of \_\_\_\_\_ and valid from \_\_\_\_\_ to \_\_\_\_\_. ***The proposed supervisor must complete Part 2(a) and (c), and sign and date this form.***

\_\_\_\_\_ I have a scholarship from my government for the purpose of studying abroad (please attach the confirmation of award of this scholarship). ***In this case, the proposed supervisor needs to complete Part 2 (a) and (c), and sign and date this form.***

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Part 2 (to be completed by the proposed supervisor\*)**

(a) \_\_\_\_\_ I agree to act as the applicant's supervisor.

- (b) \_\_\_\_\_ I agree to provide financial support to the applicant for the duration of their studies in Experimental Medicine, as per the minimum stipend defined above. *Please choose from the category listed above (1a, 1b, 1c): \_\_\_\_\_, or if providing greater than the minimum stipend, \_\_\_\_\_ per annum.*
- (c) \_\_\_\_\_ I agree to provide financial support to the applicant should the external source of funding be no longer available, as per the minimum stipend defined above. *Please choose from the category listed above (1a, 1b, 1c): \_\_\_\_\_, or if providing greater than the minimum stipend, \_\_\_\_\_ per annum. This amount will be paid for the duration of the student's studies in Experimental Medicine. \*\**

\* The financial commitment must be from the primary supervisor (not the co-supervisor).

\*\* I understand that I am committing to providing this financial support for the duration of the applicant's tenure in my laboratory and that, should the applicant presently hold a fellowship/scholarship/studentship, I will only be required to provide enough funds to guarantee that the applicant receives the minimum stipend stipulated by the Division. It is understood that should the fellowship/scholarship/studentship be discontinued, I will then be held to payment of the minimum stipend in its entirety.

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Supervisor's Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

### **Confirmation of Supervision Form *Continued***

**This section ONLY needs to be completed by Double Program Students (M.Sc./Ph.D. & Medical Residency or Fellowship- Postgraduate Medical Education/CIP) and their Supervisors.**

This section is applicable only to students *already* admitted to a Postgraduate Medical Education program at McGill and who wish to pursue a graduate degree in Experimental Medicine. ***This form is NOT for students undertaking other types of double programs.***

Students must obtain the support of both programs (EXMD + PGME/CIP) and their supervisor for graduate studies before undertaking a double program. Information and guidelines about pursuing a Double Program, M.Sc. or Ph.D. in EXMD concurrent with Medical Residency or Fellowship (PGME), can be found at <https://mcgill.ca/expmed/graduate-studies/double-program-exmd-and-pgme>.

**Part 1 (to be completed by the applicant)**

Name of applicant: \_\_\_\_\_

Name of proposed supervisor: \_\_\_\_\_

Name of proposed co-supervisor (if applicable): \_\_\_\_\_

Postgraduate Medical Education (PGME) Program: \_\_\_\_\_

PGME start and end dates (e.g. Fall 2019 – Summer 2021): \_\_\_\_\_

Please confirm that:

\_\_\_\_\_ My proposed supervisor is aware of my pursuing a double program (M.Sc. in Experimental Medicine concurrent with Medical Residency or Fellowship (PGME)).

\_\_\_\_\_ I have read and understand the policies and expectations of the graduate program in Experimental Medicine, and that I must meet these expectations while undertaking my postgraduate medical training (<https://mcgill.ca/expmed/graduate-studies/double-program-exmd-and-pgme>).

\_\_\_\_\_ I have indicated in my **Research Proposal** that I will be pursuing a double program, and have included the details of my Postgraduate Medical Education Program and how it will fit into my M.Sc. project.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part 2 (to be completed by the proposed supervisor)**

\_\_\_\_\_ I agree to act as the applicant's supervisor for their graduate program in Experimental Medicine.

\_\_\_\_\_ I support the applicant's pursuit of a double program (M.Sc. in EXMD concurrent with Medical Residency or Fellowship (PGME) at McGill University.

\_\_\_\_\_ I have read and understand the policies and expectations of the graduate program in Experimental Medicine and understand that the applicant must meet these expectations while undertaking their postgraduate medical training (<https://mcgill.ca/expmed/graduate-studies/double-program-exmd-and-pgme>).

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Supervisor's Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_