

Confirmation of Supervision Form (Digital Health Innovation Program Option)

The completed form and the research project proposal must be sent as an attachment to 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 Division does not accept self-funded students.

***The Faculty of Medicine and Health Sciences has implemented a new Harmonized Stipend Policy starting Fall 2022.**

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 1st of the first year until completion, students will be paid the following stipend:

\$20,000 base living allowance + tuition and student fees

Tuition & Student Fees:

Tuition and student fees can be calculated by checking the university website:

<https://www.mcgill.ca/student-accounts/tuition-charges/fallwinter-term-tuition-and-fees/graduate-fees>

Note, International and Out-of-Province MSc students pay higher tuition during their terms of residency (first 3 terms). After this time, tuition is reduced to the Quebec student rate.

For complete details about the Division's stipend policy, including required top-ups for external awards and maximum stipend amounts, please refer to our website: <https://www.mcgill.ca/expmed/funding-and-awards>

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 2022): _____

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 above, *or if providing more 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 above, *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 Faculty of Medicine and Health Sciences. It is understood that should the fellowship/scholarship/studentship be discontinued, I will then pay the minimum stipend in its entirety.

Supervisor's Signature: _____ Date: _____

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

Confirmation of Supervision Form *Continued*

This section needs to be completed ONLY by Double Program Students (MSc/PhD & 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, MSc or PhD 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 2022 – Summer 2023): _____

Please confirm that:

_____ My proposed graduate program supervisor is aware of my pursuing a double program (MSc or PhD in Experimental Medicine concurrent with Medical Residency or Fellowship).

_____ My clinical program director is aware of my pursuing a graduate degree in Experimental Medicine. I am aware that they must send a letter to the Division of Experimental Medicine indicating their approval of the time commitment to be dedicated to my graduate program.

_____ 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 MSc or PhD 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 (MSc or PhD 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: _____