

**FACULTY OF MEDICINE  
RESEARCH & GRADUATE STUDIES**

**AGREEMENT FORM TO PROVIDE FINANCIAL SUPPORT TO GRADUATE STUDENTS**

**To be completed by Faculty Member/Grantee**

Name of Graduate Student: \_\_\_\_\_

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

Program Commencement Date: \_\_\_\_\_

Amount of Financial Support **Per Annum** to be provided by Faculty Member

**(please complete whichever section is appropriate)**

MSc: Year 1 Amount	_____	PhD: Year 1 Amount	_____
Year 2 Amount	_____	Year 2 Amount	_____
		Year 3 Amount	_____
		Year 4 Amount	_____

Grant Number(s) to be debited: \_\_\_\_\_

Please indicate type of grant (i.e. CIHR, NSERC, etc.) \_\_\_\_\_

**(Note: You must be a signatory on the account number. If not, please have a signing authority approve this form before submitting to Research & Graduate Studies.)**

\_\_\_\_\_  
*Printed Name of Supervisor*

\_\_\_\_\_  
*Signature of Supervisor  
and/or Grantee*

\_\_\_\_\_  
*Date*

*By signing this form, I hereby grant permission to the Office of Research & Graduate Studies to debit my grant account for the amount per annum indicated to provide financial support for my graduate student.*

**THIS SECTION TO BE COMPLETED BY RESEARCH & GRADUATE STUDIES**

Incoming average: \_\_\_\_\_

Leveraged funding approval: \_\_\_\_\_

Source of funds: \_\_\_\_\_

Authorization: \_\_\_\_\_