

SECTION 1 – GRADUATE STUDENT INFORMATION

Research Bursaries/Fellowships (Graduate Studies)

Student I.D. (mand	datory)									
Employee I.D.					S.I.N.					
Family Name					Given Names					
Gender	Female Male				Date of Birth YYYY		YYYY / MM / E	Y/MM/DD		
Address										
Telephone No.	Interna			Address			Internal Tel. No	Э.		
SECTION 2 – RESEARCH PROJECT INFORMATION										
Name of Principal Investigator (Please print)										
Student Type - Canadian or Permanent Resident				Master student 77300			PhD. S	PhD. Student 77310		
Student Type - Foreign or International				Master student 7730F PhD. 9			PhD. S	Student 7731F		
Grant Number										
Granting Agency										
Total amount of bursary			Annual		OR	R Period				
Start date				YYYY/MM/DD		En	End date		YYYY/MM/DD	
NATURE OF TASK TO BE PERFORMED										
SECTION 3 – ATTESTATION										
I hereby confirm that the purpose of this bursary is to enhance the above-mentioned individual's research qualifications towards a										
in the field of										
(Name of degree / scholastic recognition / research thesis)										
I confirm that the working relationship will be solely that of a supervisor to a trainee and that there will be no other										
tasks, clerical or other, required from this trainee in the course of the project.										
I understand that it is my responsibility to ensure that the payment of bursaries to research assistants is allowable by the granting agency.										
Please refer to the "GRADUATE STUDENT BURSARY GUIDELINES" at HTTP://FS.CONCORDIA.CA/index.php?go=7 under "RESTRICTED FUNDS" for further instructions as to when payments of bursaries to graduate students are permitted.										
SIGNATURES										
Principal Investiga	tor								YYYY/MM/DD	
Student									YYYY/MM/DD	
Department Chair									YYYY/MM/DD	