

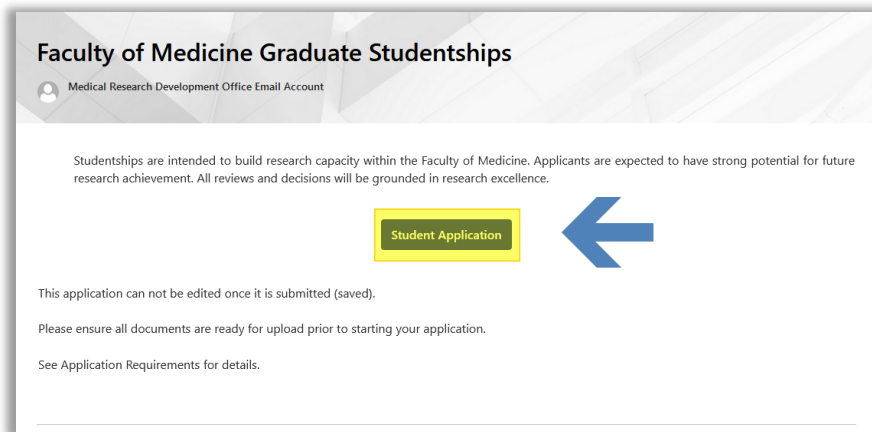
FACULTY OF MEDICINE STUDENTSHIP APPLICATION

STUDENT APPLICATION GUIDE

The applications for the Faculty of Medicine Graduate Studentships can be found in the Faculty of Medicine SharePoint site: <https://dalu.sharepoint.com/sites/mrdo/SitePages/Faculty-of-Medicine-Graduate-Studentships.aspx>

If the applicant is a student at a different institution, please complete the application on our website: https://medicine.dal.ca/research-dal-med/capacity/graduate_studentships.html

Click on the 'Student Submission' button:



Ensure you complete all questions within the student application

This application can not be edited once it is submitted (saved)

Supervisors and References can email their supporting documents to MRDO@dal.ca
Please do not include Banner numbers in emails and attachments - have your supervisor and reference include your first and last name. If we require additional information we will contact you directly.

Required attachments:

1. One page research proposal plus references (1" margins, 12pt font, Times New Roman, single spaced). *Potential or direct relevance to human health must be demonstrated in the application.*
2. Applicant's CV (maximum 5 pages, including headings for degrees, awards, research experience, work experience, publications, presentations, extracurriculars). (1" margins, 12pt font, Times New Roman, single spaced)
3. Copy of undergraduate and graduate transcripts

Applicants must also apply to the Faculty of Graduate Studies

<https://www.dal.ca/faculty/gradstudies/finance-your-studies/scholarships-bursaries/harmonized.html>

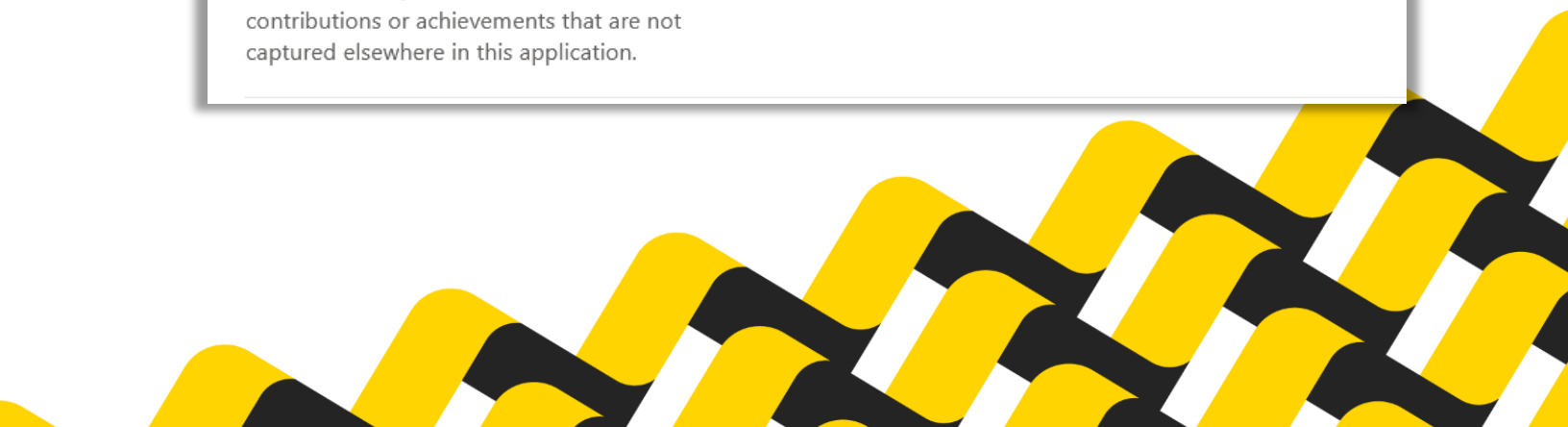
Please indicate the following information about your application. DMNB students – be sure to select DMNB Studentships in addition to other studentships you would like to be considered.

<input checked="" type="checkbox"/> Have you applied for any other external awards? *	<input type="checkbox"/> I would like to be considered for studentships reserved for:
<input type="radio"/> Yes	<input type="text"/>
<input type="radio"/> No	Select all that apply
For example: Tri-council CGS, FGS Harmonized, Scotia Scholar, IWK, etc.	
<input checked="" type="checkbox"/> Indicate your graduate program department *	
<input type="text"/>	

Complete the following information about your application and the program you will be entering in September.

Program Information

<input checked="" type="checkbox"/> Program Type *	<input type="checkbox"/> Program Start Date *
<input type="radio"/> Masters - Thesis Based	<input type="text" value="Enter a date"/>
<input type="radio"/> PhD	
<input type="checkbox"/> Candidate's Statement *	<input type="checkbox"/> Lay Summary *
<input type="text" value="Enter value here"/>	<input type="text" value="Enter value here"/>
Describe your motivation for completing your degree, career interruptions, barriers that you have overcome, and non-traditional contributions or achievements that are not captured elsewhere in this application.	Describe your research using language suitable for dissemination to the public.



Complete the information regarding your supervisor and your reference.

Be sure to have correct email addresses as email will be sent to the address you enter requesting information from your supervisor and reference.

Supervisor Information

<input type="text"/> Primary Supervisor Name *	<input checked="" type="checkbox"/> Primary Supervisor Affiliation *
<input type="text" value="Enter value here"/>	<input type="radio"/> Dalhousie Univeristy <input type="radio"/> Nova Scotia Health <input type="radio"/> IWK
	Please select the affiliation based on your role with the student.
<input type="text"/> Primary Supervisor email *	<input type="text"/> Confirm Supervisor's Email address *
<input type="text" value="Enter value here"/>	<input type="text" value="Enter value here"/>
please use a Dalhousie email if available	Please reenter the Supervisors' email address.
<input checked="" type="checkbox"/> Department/school *	<input checked="" type="checkbox"/> Primary Research Area *
<input type="text" value="—"/>	<input type="text" value="—"/>
<input checked="" type="checkbox"/> Secondary Research Area	<input type="text"/> Validated Supervisor Identity
<input type="text" value="—"/>	<input type="text" value="Enter a name or email address"/>


Reference Information

<input type="text"/> Reference Name	<input type="text"/> Reference email address
<input type="text" value="Enter value here"/>	<input type="text" value="Enter value here"/>
	Ensure this email address is accurate.



Upload your supporting documents and select Save.

- 1 - One page research proposal plus references.
- 2 - Applicant's CV (maximum 5 pages)
- 3 - Copy of undergraduate and graduate transcripts

 Supporting Documents

Add attachments

1 - One page research proposal plus references. 2 - Applicant's CV (maximum 5 pages) 3 - Copy of undergraduate and graduate transcripts

Save

Cancel

Should you have any questions or concerns, contact MRDO@dal.ca