

Application Form for Graduate Student

		Date
Family name of the applicant	Given name	
Mailing address		
Email address		
Status in Canada		
<input type="checkbox"/> Canadian citizen or landed immigrant		<input type="checkbox"/> International student

Academic Background				
Degree	Name of discipline	Department, institution and country	MM/YY started	MM/YY awarded/expected

Institution		
Primary department	Supervisor	Co-supervisor

Title of proposed research

Summary of research proposal

I agree to participate in the **CREATE** program workshop and summer course.

CREATE funding will be requested for this project.

Please send your application to your main research supervisor.

To the applicant supervisor: Please send this form along with the supervisor form to:
Evelise Bourlon, Interim Program coordinator, eboullon@stfx.ca