The personal information collected on this form is collected under the legal authority of the Royal Charter of 1841, as amended. The personal information collected on this form will be used to confirm your eligibility for this award.

Queen’s University School of Graduate Studies  
2016-2017 CANADA GRADUATE SCHOLARSHIP-MASTER’S (CGS-M)  
ACCEPTANCE FORM

### PERSONAL DATA

<table>
<thead>
<tr>
<th>Surname:</th>
<th>Given Name(s):</th>
<th>Queen’s Student ID</th>
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<tr>
<th>Permanent Address:</th>
<th>Queen's Email Address</th>
<th>Telephone Number</th>
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### ACADEMIC PROGRAM DATA

Name of Department/Program: ___________________________________

Degree Program, 2016-2017: □ Master’s □ Doctoral

REQUESTED START DATE of AWARD □ SEPTEMBER 2016 □ MAY 2016*  
*permitted ONLY for students registered full time in degree program and department/program named above, effective May 1, 2016- April 30, 2017.

Is your program of study clinically oriented? □ Yes □ No

Is your program of study a joint program with a professional degree (e.g., MD/MSc, MD/PhD)? □ Yes □ No

### ACCEPTANCE OF 2016-2017 CANADA GRADUATE SCHOLARSHIP-MASTER’S SCHOLARSHIP

I have been offered a Queen’s University 2016-2017 □ CIHR CGS-M □ NSERC CGS-M □ SSHRC CGS-M

My signature below and my acceptance of the 2016-2017 CGS-M mean that:
1. The CGS-M is tenable only at Queen’s University, Kingston, Ontario, Canada.
2. Queen’s University will deem that I have declined any other pending offers of this scholarship from other universities and that I will not be eligible to receive or accept further offers from other universities for a 2016-2017 CGS-M.
3. I must be enrolled as a full time student in the Department/Program named above for the tenure of the 2016-2017 CGS-M.
4. I will be required to repay all or part of the CGS-M if at any time during the tenure of the CGS-M, I change my status from full time, OR withdraw from the Department/Program named above and/or from Queen’s University, OR complete the degree.
5. I am responsible for knowing the terms and conditions of this funding, as detailed in the Canada Graduate Scholarships-Master’s (CGS-M) Award Holder’s Guide, and any and all regulations of the granting agency (CIHR, NSERC or SSHRC) and for complying with the policies and guidelines set out in the CGS-M Award Holder’s Guide, and by the granting agency, and with the applicable policies governing scholarships at Queen’s University.
6. I verify that I am a Canadian citizen or Permanent Resident of Canada.

□ I accept the 2016-2017 CANADA GRADUATE SCHOLARSHIP-MASTERS SCHOLARSHIP.

### STUDENT DECLARATION

I hereby declare that all information on this form is true and complete in every respect. I understand that I may be required to repay all or part of this scholarship, if the information is found to be inaccurate.

Student Signature:______________________________________     Date:_______________________________

Queen’s University administers the Canada Graduate Scholarship-Master’s Program on behalf of the federal tri-agencies (CIHR, NSERC, and SSHRC). Use of personal information by the university and/or by the applicable federal tri-agency falls under the Access to Information Act, and Privacy Act, of Canada. More information on the collection or use of your personal information by the federal tri-agency is available from each agency’s website or by contacting each agency directly. April 2016