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.

**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, 2022-2023:  □ Master’s  □ Doctoral

REQUESTED START DATE of AWARD  □ MAY 2022*  □ SEPTEMBER 2022  □ JANUARY 2023**

* permitted ONLY for students registered full time in degree program and department/program named above, effective May 1, 2022-April 30, 2023.

** permitted ONLY for students registered full time in degree program and department/program named above, effective January 1, 2023-December 31, 2023.

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 2022-2023 CANADA GRADUATE SCHOLARSHIP-MASTER’S SCHOLARSHIP**

I have been offered a Queen’s University 2022-2023  □ CIHR CGS-M  □ NSERC CGS-M  □ SSHRC CGS-M

My signature below and my acceptance of the 2022-2023 CGS-M mean that I understand 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 2022-2023 CGS-M.

3. I must be enrolled as a full time student in the Department/Program named above for the tenure of the 2022-2023 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 Tri-Agency Research Training 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 Tri-Agency Research Training 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 2022-2023 CANADA GRADUATE SCHOLARSHIP-MASTER’S 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 2019