

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
2022-2023 CANADA GRADUATE SCHOLARSHIP-MASTER'S (CGS-M)
ACCEPTANCE FORM**

PERSONAL DATA		
Surname:	Given Name(s):	Queen's Student ID
Permanent Address:		Queen's Email Address
		Telephone Number
ACADEMIC PROGRAM DATA		
Name of Department/Program: _____		
Degree Program, 2022-2023: <input type="checkbox"/> Master's <input type="checkbox"/> Doctoral		
REQUESTED START DATE of AWARD <input type="checkbox"/> MAY 2022* <input type="checkbox"/> SEPTEMBER 2022 <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is your program of study a joint program with a professional degree (e.g., MD/MSc, MD/PhD)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
ACCEPTANCE OF 2022-2023 CANADA GRADUATE SCHOLARSHIP-MASTER'S SCHOLARSHIP		
I have been offered a Queen's University 2022-2023 <input type="checkbox"/> CIHR CGS-M <input type="checkbox"/> NSERC CGS-M <input type="checkbox"/> 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 <i>Tri-Agency Research Training Award Holder's Guide</i> 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 <i>Tri-Agency Research Training Award Holder's Guide</i> , 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.		
<input type="checkbox"/> 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