



Social Sciences and Humanities
Research Council of Canada

Natural Sciences and Engineering
Research Council of Canada

Canadian Institutes
of Health Research

Conseil de recherches en
sciences humaines du Canada

Conseil de recherches en sciences
naturelles et en génie du Canada

Instituts de recherche
en santé du Canada

Internal use

CGS - Michael Smith Foreign Study Supplements

Identification					
Applicant family name			Applicant given name		Initials
Active Scholarship/Fellowship	SSHRC	NSERC	CIHR	End date	File number or PIN (if known)
CGS - Master's CGS - Doctoral Vanier CGS					
Org. code	Full organization name				
Department/Division					
Title of research proposal					
Indicate the start and end date of your stay abroad (yyyy/mm/dd)				Indicate the number of months of support requested	
From _____ To _____					
Location of Research Studies Abroad					
Indicate the Organization and Department/Division where you plan to undertake your research studies.					
Org. code	Full organization name				
Department/Division				Country	
Does your proposal involve the use of human beings as research subjects? If Yes and the research differs from the initial proposal approved by the Research Ethics Board (REB) of your organization, please resubmit the proposal for approval. You must also ensure that an ethics review is conducted in the host country (as per the <i>Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans</i> , article 1.14)					
				<input type="radio"/> Yes <input checked="" type="radio"/> No	
Signature					
The undersigned accepts the terms and conditions as outlined in the corresponding program description; the instructions provided with this form; and any conditions applied to an award pursuant to this application.					
Applicant name (print)			Signature		Date

Personal information will be stored in the Personal Information Bank for the appropriate program.

Application WEB



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Family name, Given name

CGS - MSFSS

Budget Proposal

Enter amounts rounded up to the nearest dollar.

Proposed Expenditures	Amount \$
Travel costs	
Accommodation	
Living expenses	
Other travel related expenses (specify)	
Total	
Amount requested (maximum \$6,000)	

Supervisors

Provide information on your current research supervisor and the supervisor at the host institution who will each complete a Letter of Support.

Current research supervisor Family name		Given name	Initials
Org. code	Full organization name		
Department/Division			
E-mail		Phone number	
Host supervisor Family name		Given name	Initials
Org. code	Full organization name		
Department/Division			
E-mail		Phone number	

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Application WEB



CGS - MSFSS

Family name, Given name **Z**

Addresses

Provide a complete and accurate address for (a) the location of research studies abroad, (b) the host supervisor and (c) the applicant.

Location of Research Studies Abroad

Org. code	Full organization name (from page 1)
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Department/Division

Address

Country

Host Supervisor

Org. code	Full organization name (from page 2)
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Department/Division

Address

Country

Applicant

Address	Primary phone number
	Secondary phone number

E-mail