

**AMS Healthcare**

**2021-22 Doctoral Completion Award – Signature Page**

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| **Project title** |  |

**Applicant Details**

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| --- | --- | --- | --- |
| **Name** |  | **Credentials** |  |
| **Job title** |  | **Host Institution** |  |
| **City** |  | **Province** |  |
| **Email** |  | **Phone** |  |
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|  |  | I am a Canadian citizen or permanent resident. |
|  |  | I will have completed all requirements for the PhD except the dissertation (i.e. obtained ABD status) by December of the application year. |
|  | I expect to complete the dissertation within one year upon commencement of the award. |
|  |  | I have not received a doctoral completion award in the past. |
|  |
| **Signature** |  | **Date** |  |

**Host Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Credentials** |  |
| **Job title** |  | **Host Institution** |  |
| **City** |  | **Province** |  |
| **Email** |  | **Phone** |  |
| **Signature** |  | **Date** |  |

**Supervisor**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Credentials** |  |
| **Job title** |  | **Sponsor Institution** |  |
| **City** |  | **Province** |  |
| **Email** |  | **Phone** |  |
| **Signature** |  | **Date** |  |