**McMaster University Faculty of Health Sciences NSERC, CIHR and SHHRC USRA Signature Page - SUMMER 2024**

**Instructions:** Please complete the form below and obtain the necessary signatures. Please note that your department should correspond to your supervisor’s primary affiliation.

**Student:**

**Supervisor:**

**Supervisor’s Department :**

**Title of Project**:

**By signing, student applicants confirm that they agree with the following:**

* You will be registered for a MAXIMUM of two courses in the Summer 2024 term (April/May - August). It is preferred that students do not register for courses during the USRA period.
* You confirm that you have held no more than 2 NSERC USRA awards in the past.
* You understand you may only hold one NSERC USRA award per fiscal year (April 1 – March 31).
* You have read and understand [Guidelines for Undergraduate Students’ Research Awards](https://www.nserc-crsng.gc.ca/_doc/Students-Etudiants/USRAInfo-BRPCInfo_eng.pdf) and believe your project conforms to this mandate.
* For NSERC USRAs, the project is a health research topic identified for eligible study under NSERC’s [“Addendum to the Guidelines for the Eligibility of Applications Related to Health](https://www.nserc-crsng.gc.ca/nserc-crsng/policies-politiques/addendum-addenda_eng.asp)” research studies.

**Acknowledgements**

**Student**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department Chair**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_