

**APPLICATION FROM PROPOSED TRAINEE  
FOR SURGEON SCIENTIST TRAINING PROGRAM**

**PROGRAM:**            MSc     PhD     Other [\[Click here and type\]](#) → \_\_\_\_\_

**NAME OF TRAINEE:** \_\_\_\_\_

**DATE FOR STARTING RESEARCH:** \_\_\_\_\_

**NAME OF PROPOSED SUPERVISOR WHO HAS AGREED TO ACT AS YOUR SUPERVISOR:**

\_\_\_\_\_  
**NAME OF EXTERNAL AGENCY WHERE YOU WILL APPLY FOR FUNDING:**

\_\_\_\_\_  
**NAME OF INSTITUTE / GRADUATE DEPARTMENT TO WHICH YOU HAVE APPLIED OR WILL APPLY FOR ADMISSION AS A GRADUATE STUDENT IN THE SCHOOL OF GRADUATE STUDIES:** (It is the responsibility of the student to complete this application process prior to starting date of research.)

\_\_\_\_\_  
**NAME OF UNIVERSITY DIVISION CHAIR WITH WHOM YOU HAVE DISCUSSED THIS APPLICATION AND WHOM YOU HAVE ASKED TO FORWARD A LETTER OF SUPPORT:**

\_\_\_\_\_  
**WHY DO YOU WISH TO JOIN THE SURGEON SCIENTIST TRAINING PROGRAM?**  
(Maximum - 150 words)

Application from Proposed TRAINEE  
for Surgeon Scientist Training Program

**DESCRIPTION OF RESEARCH TO BE PERFORMED:** (Maximum - 250 words)

**DEADLINE: MAY 15<sup>th</sup>**

**SEND APPLICATION TO:** **Dr. Michael G. Fehlings, Vice Chair Research**  
**c/o Research Program Manager**  
**Department of Surgery Research Office**  
University of Toronto  
Stewart Building  
149 College Street, 5<sup>th</sup> Floor, Room 503J  
Toronto, ON Canada M5T 1P5  
tel: 416-978-8909  
email: [research.surgery@utoronto.ca](mailto:research.surgery@utoronto.ca)

\_\_\_\_\_  
Trainee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
\*\*University DIVISION Head Signature

\_\_\_\_\_  
Date

**\*\*University DIVISION Head signature denotes approval of financial support of student according to Department guidelines.**

# APPLICATION FROM PROPOSED SUPERVISOR

## FOR SURGEON SCIENTIST TRAINING PROGRAM

Click on the gray shaded (blue boxes) to make your selection. Tab to next selection.

PROGRAM:            MSc       PhD       Other [\[Click here and type\]](#) → \_\_\_\_\_

NAME OF PROPOSED TRAINEE: \_\_\_\_\_

DATE FOR STARTING RESEARCH: \_\_\_\_\_

NAME OF PROPOSED SUPERVISOR:  
\_\_\_\_\_

BRANCH OF GRADUATE SCHOOL IN WHICH YOU ARE A MEMBER:  
\_\_\_\_\_

**CURRENT GRANTS:** (Indicate agency, title of grant, amounts for current and subsequent years, and whether sufficient funds are available for research to be performed by trainee.)

**LOCATION OF PROPOSED RESEARCH:** (Indicate whether sufficient space is available for the trainee's research.)

**PROPOSED SOURCE(S) OF PERSONAL SALARY SUPPORT FOR SURGEON SCIENTIST TRAINEE:**

**DESCRIPTION OF RESEARCH TO BE PERFORMED BY TRAINEE:** (Maximum - 250 words)

**DEADLINE: MAY 15<sup>th</sup>**

**SEND APPLICATION TO:** **Dr. Michael G. Fehlings, Vice Chair Research**  
**c/o Research Program Manager Department of**  
**Surgery Research Office**  
University of Toronto  
Stewart Building  
149 College Street, 5<sup>th</sup> Floor, Room 503J  
Toronto, ON Canada M5T 1P5  
tel: 416-978-8909  
email: [research.surgery@utoronto.ca](mailto:research.surgery@utoronto.ca)

---

Supervisor's Signature

---

Date



**Department of Surgery  
UNIVERSITY OF TORONTO**

**NEW SURGEON SCIENTIST  
Contact Information**

<b>Trainee's NAME</b>	
<b>Home Address</b>	
<b>Home Phone Number</b>	
<b>Resident Cell Number</b>	
<b>E-Mail Address</b>	
<b>Supervisor's Name</b>	
<b>Supervisor's Office Phone Number</b>	
<b>Supervisor's E-mail Address</b>	
<b>Lab Address</b>	
<b>Lab Phone Number</b>	



# SURGEON SCIENTIST TRAINING PROGRAM

## APPLICATION CHECKLIST

<b>TRAINEE'S NAME:</b>			
<b>PROGRAM:</b>	<input type="checkbox"/> MSc	<input type="checkbox"/> PhD	<b>Other</b> <span style="color: red;">[Click here and type]</span> → _____

SUBMITTED THE FOLLOWING WITH APPLICATION:	CHECK APPROPRIATE BOX
2. Supervisor's Application	<input type="checkbox"/> enclosed to follow
3. CV of Trainee	<input type="checkbox"/>
4. CV of Supervisor	<input type="checkbox"/>
5. Letter of support from University Division Chair Letter of support from Division Program Director	<input type="checkbox"/> <input type="checkbox"/>
6. Clinician Investigator Program Application - c/o CIP Office, Faculty of Medicine, University of Toronto, Ste. 2366 Medical Sciences Bldg., Toronto M5S 1A8	<input type="checkbox"/> has been sent to CIP Office directly <input type="checkbox"/> will be sent directly to CIP Office

**RETURN THIS COMPLETED CHECKLIST  
WITH YOUR APPLICATION**