



Biology Graduate Program

STATEMENT OF FINANCIAL COMMITMENT FOR ADMISSIONS

This form must be completed, signed by supervisor and Department Head, and uploaded to supervisor's evaluation of the application on e-Vision. A MSc application must show 2 years of support @\$20000/year, and a PhD application must show 4 years support @ \$24,000/year. Student is not to be self-funded. SECURED funding: monies in this category are in hand and promised to the student.

Student Last Name _____ Student First Name _____

Degree Sought MSc PhD Required stipend \$ _____ for _____ years

Year 1: start date _____ end date _____ secured anticipated

Fellowship / Scholarship _____ \$ _____

Teaching Assistantship _____ \$ _____

Research Grant _____ \$ _____

Other (specify) _____ \$ _____

Year 2: start date _____ end date _____ secured anticipated

Fellowship / Scholarship _____ \$ _____

Teaching Assistantship _____ \$ _____

Research Grant _____ \$ _____

Other (specify) _____ \$ _____

Year 3: start date _____ end date _____ secured anticipated

Fellowship / Scholarship _____ \$ _____

Teaching Assistantship _____ \$ _____

Research Grant _____ \$ _____

Other (specify) _____ \$ _____

Year 4: start date _____ end date _____ secured anticipated

Fellowship / Scholarship _____ \$ _____

Teaching Assistantship _____ \$ _____

Research Grant _____ \$ _____

Other (specify) _____ \$ _____

ANTICIPATED funding includes funding such as NSERC renewals or other reasonably likely sources. Please provide information on the anticipated funding.

For students without fully secured funding for the duration of their work, please describe other sources of funding for which you intend to apply.

It is assumed students will apply for relevant fellowships or scholarships. If they are successful, the contributions from GTA and research grants will be reduced accordingly in adherence with Biology Program policies on the awarding of GTA's. In this section, please indicate the sources of funding for which this student is expected to apply.

Supervisor _____

Department Head _____

Signature _____

Signature _____

Date _____

Date _____