



# Faculty of Medicine

## Graduate Student Collaboration Fund Faculty Sponsor Form

*Form to be submitted by applicant as part of final proposal.*

<b>Title of Initiative:</b>	
<b>Primary Applicant Name and Surname:</b>	
<b>Faculty of Medicine Graduate Program:</b>	

*Section to be completed by Program Director / Advisor or Designate*

<b>Graduate Program Director / Advisor Name and Surname:</b>			
<b>Graduate Program Director / Advisor Email Address:</b>			
<b>Program Account Worktag:</b> <i>(For transfer of funds if application is successful)</i>			
<b>Signature:</b>		<b>Date:</b>	