



**ALBERTA HERITAGE FOUNDATION FOR MEDICAL RESEARCH
STUDENTSHIP & FELLOWSHIP RENEWAL FORM**

FULL/PART-TIME, CLINICAL, HEALTH and MENTAL HEALTH

1500, 10104 – 103 Avenue, EDMONTON, AB T5J 4A7

Phone: (780) 423-5727 Fax: (780) 429-3509 e-mail: ahfmrgrants@ahfmr.ab.ca

SECTION 1: TO BE COMPLETED BY TRAINEE

Surname, First Name & Initial		
Mailing Address		
Telephone Number	Fax Number	Email Address
xxx-xxx-xxxx	xxx-xxx-xxxx	

AHFMR AWARD HELD:

- Full-time Studentship Part-time Studentship Health Studentship Mental Health Studentship
 Full-time Fellowship Part-time Fellowship Clinical Fellowship

DEGREE(S) OBTAINED

YEAR	DIPLOMA/DEGREE	DISCIPLINE	NAME OF INSTITUTE	COUNTRY

In what degree/discipline program are you presently engaged? Indicate the month and year in which you expect to complete your studies: mm/yyyy	Do you plan to proceed to another degree? <input type="checkbox"/> Yes, specify degree/discipline _____ <input type="checkbox"/> No
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RENEWAL OF CURRENT AWARD REQUESTED FOR FURTHER TRAINING IN:

Department	
Faculty	
University/Institution	

SIGNATURE	PRINTED NAME	DATE
Applicant		
Supervisor		
Department Chair/Head		

NAME: _____

PROJECT TITLE:

DESCRIBE THE SIGNIFICANCE AND PROGRESS OF THE RESEARCH PROJECT UNDERTAKEN. THE OBJECTIVES AND THE WORKING HYPOTHESIS SHOULD BE CLEARLY STATED. THE FOCUS SHOULD BE ON WHAT HAS BEEN ACHIEVED SINCE THE PREVIOUS SUBMISSION. **(Limit to space provided here.)**

NAME: _____

PROVIDE A LIST OF YOUR SCIENTIFIC PUBLICATIONS/ABSTRACTS/PRESENTATIONS PRODUCED DURING THE PERIOD OF AHFMR SUPPORT. ONLY LIST PAPERS/ABSTRACTS THAT HAVE BEEN PUBLISHED OR ARE IN PRINT. ADDITIONAL PAGES MAY BE USED IF REQUIRED. **(Additional pages may be used if required.)**

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LIST CONFERENCES, SYMPOSIA ATTENDED DURING THE LAST YEAR OF AHFMR SUPPORT.

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LIST OTHER AWARDS, PRIZES RECEIVED DURING THE LAST YEAR OF AHFMR SUPPORT. PROVIDE NAME OF AWARD, AMOUNT, TERM & STATUS (I.E. ACCEPTANCE OR DECLINED).

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LIST ANY INVENTIONS/PATENTS OBTAINED OR APPLIED FOR DURING THE LAST YEAR OF AHFMR SUPPORT.

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**STUDENTSHIP RENEWALS – ATTACH TRANSCRIPT
WITH GRADES FOR ALL RECENTLY COMPLETED COURSES.**

OTHER COMMENTS YOU MAY WISH TO ADD:

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NAME: _____

SECTION 2: TO BE COMPLETED BY SUPERVISOR

Supervisor's Name (Surname, First Name & Initial)	
Supervisor's Department/Research Group/Faculty/University	
	Phone: xxx-xxx-xxxx
	Fax: xxx-xxx-xxxx
	Email:

LIST ALL RESEARCH GRANTS HELD/APPLIED FOR CURRENT AND NEXT YEAR					
GRANTING AGENCY	TYPE OF GRANT	PROJECT TITLE	FROM	TO	AMOUNT RECEIVED
			mm/dd/yy	mm/dd/yy	
			mm/dd/yy	mm/dd/yy	
			mm/dd/yy	mm/dd/yy	
			mm/dd/yy	mm/dd/yy	
			mm/dd/yy	mm/dd/yy	
			mm/dd/yy	mm/dd/yy	
			mm/dd/yy	mm/dd/yy	

NAME (Surname, Initial)	TYPE OF TRAINEE				SUPPORTED BY	EXPECTED DATE OF COMPLETION OF TRAINING	% TIME INVOLVED
	PDF	GRAD STUDENT	PROF ASST	SUMMER STUDENT			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

ON A SEPARATE SHEET OF PAPER - BRIEFLY DESCRIBE THE CONTRIBUTIONS AND PERFORMANCE OF THE AWARDEE SUPPORTED UNDER YOUR SUPERVISION.

Signature _____	Date: _____
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