



Social Sciences and Humanities  
Research Council of Canada  
Natural Sciences and Engineering  
Research Council of Canada  
Canadian Institutes  
of Health Research

Conseil de recherches en  
sciences humaines du Canada  
Conseil de recherches en sciences  
naturelles et en génie du Canada  
Instituts de recherche  
en santé du Canada

**Internal use**

## CGS - Michael Smith Foreign Study Supplements

<b>Identification</b>					
Applicant family name			Applicant given name		Initials
Active Scholarship/Fellowship	SSHRC	NSERC	CIHR	End date	File number or PIN (if known)
CGS - Master's	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
CGS - Doctoral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Vanier CGS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Org. code	Full organization name				
Department/Division					
Title of research proposal					
Indicate the start and end date of your stay abroad (yyyy/mm/dd)				Indicate the number of months of support requested	
From	_____	To	_____		
<b>Location of Research Studies Abroad</b>					
Indicate the Organization and Department/Division where you plan to undertake your research studies.					
Org. code	Full organization name				
Department/Division				Country	
Does your proposal involve the use of human beings as research subjects? If Yes and the research differs from the initial proposal approved by the Research Ethics Board (REB) of your organization, please resubmit the proposal for approval. You must also ensure that an ethics review is conducted in the host country (as per the <i>Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans</i> article 1.14)					
<input type="radio"/> Yes <input type="radio"/> No					
<b>Signature</b>					
The undersigned accepts the terms and conditions as outlined in the corresponding program description; the instructions provided with this form; and any conditions applied to an award pursuant to this application.					
Applicant name (print)			Signature		Date



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Family name, Given name

**CGS - MSFSS**

**Budget Proposal**

Enter amounts rounded up to the nearest dollar.

Proposed Expenditures	Amount \$
Travel costs	
Accommodation	
Living expenses	
<b>Other travel related expenses (specify)</b>	
<b>Total</b>	
<b>Amount requested (maximum \$6,000)</b>	

**Supervisors**

Provide information on your current research supervisor and the supervisor at the host institution who will each complete a Letter of Support.

<b>Current research supervisor</b> Family name		Given name	Initials
Org. code	Full organization name		
Department/Division			
E-mail		Phone number	
<b>Host supervisor</b> Family name		Given name	Initials
Org. code	Full organization name		
Department/Division			
E-mail		Phone number	

Personal information will be stored in the Personal Information Bank for the appropriate program.

Application WEB



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Family name, Given name
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## CGS - MSFSS

### Addresses

Provide a complete and accurate address for (a) the location of research studies abroad, (b) the host supervisor and (c) the applicant.

#### Location of Research Studies Abroad

Org. code	Full organization name (from page 1)
Department/Division	
Address	
Country	

#### Host Supervisor

Org. code	Full organization name (from page 2)
Department/Division	
Address	
Country	

#### Applicant

Address	Primary phone number
	Secondary phone number
E-mail	