

McGill University - Mitacs Globalink Research
Awards 2024-25 Intention to Apply Form

APPLICANT AND MOBILITY INFORMATION			
Type of Mobility			
Last Name, First Name			McGill Student ID
McGill Faculty		McGill Department/Unit	
Degree level	Program		Program year
Citizenship		If international, specify citizenship	
McGill Supervisor		McGill supervisor email	

Date of latest supervisory/advisory committee meeting prior to tra.5(r)0.6a.53u3 (e)14.8)14.8)14.8eor

Project summary

By signing below, I acknowledge that this is only the first step towards my application for the Mitacs Globalink Research Award. Should my intention to apply be accepted, I will need to complete an official application package by the due date specified on this [website](#). I also acknowledge that it is my responsibility to have this form signed by the authorities below and sent to fundingapplications.gps@mcgill.ca by the indicated due date.

Applicant Signature	Date
---------------------	------

MCGILL SUPERVISOR

McGill supervisors are expected to contribute \$2,000 to the award if the collaboration institution is not a Mitacs partner. This amount needs to be transferred according to instructions by the due date, otherwise the application will be put on hold. Note that this contribution cannot come from Tri Agency funds, FRQ funds, the supervisor external to McGill, or from the student.

Fund number for contribution	Contact person for transfer (if not self)
------------------------------	---

Contact person email	Contact person phone number
----------------------	-----------------------------

By signing below, I confirm that if this applicant's project for the Mitacs Globalink Research Award is pre-approved by GPS, I will contribute \$2,000 to the award. This money will be transferred as per the instructions that will be sent to me upon confirmation of pre-approval, and no later than the due date indicated on this website. I also understand that should the student cancel their plans or become ineligible, the funds will be returned to the source fund.

McGill supervisor signature	Date
-----------------------------	------

PARTNER INSTITUTION SUPERVISOR

By signing below, I confirm that I support this application for funding, and consent to co-supervise the research project outlined above if the project is approved and funded. I acknowledge that I can find more information about the award's guidelines on the [Mitacs website](#).

Partner institution supervisor signature	Date
--	------

ASSOCIATE DEAN OF THE FACULTY *
(For IPN, QLS, BBME, Music, Dentistry, Management, Law: Graduate Program Director)

By signing below, I confirm that I support this application, and that the Faculty will coordinate the contribution transfer to GPS.

Faculty signature	Date
-------------------	------