



MD/PHD STUDENT CONFIRMATION OF ELIGIBILITY FORM

Student name:

Student ID:

For completion by student:

- I am registered full-time (Fall, Winter, Spring, and Summer terms) in the graduate portion of the MD/PhD program
- I will hold full-time graduate registration during the term of payment of the award.
- The Office of Research must be informed if the student no longer holds full-time graduate registration so that award payments can be terminated.
- I agree to notify the Office of Research (fmdgrd@ualberta.ca) in writing if I no longer meet the award's eligibility criteria.

The MD/PhD Program confirms the eligibility of **[student name]** for the Faculty of Medicine and Dentistry scholarships.

Student signature

Date

MD/PhD Program Director

Date