



**Supervisor Confirmation and Applicant Funding Information Form  
Faculty of Medicine and Dentistry**

This form is to be completed by the Supervisor and sent to the respective applicant's department Graduate Program Administrator.

**PART I: APPLICANT DETAILS**

Applicant's Full Name:

Department:

Degree Program:

**PART II: SUPERVISOR CONFIRMATION**

- I commit to taking on the role of Supervisor for the above-named applicant through the entirety of their degree program.

**PART III: APPLICANT FUNDING INFORMATION**

Please provide information regarding the applicant's sources of funding:

**PART IV: SUPERVISOR'S RECOMMENDATION**

Please provide comments in support of the applicant:

**PART V: SIGNATURE**

Supervisor's name:

Signature:

Date: