

Collaborative Training Program in Musculoskeletal Health Research (CMHR) Degree Transfer Form (Master's to Doctoral)

Applicant Data:			
Salutation:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Dr.
Family Name:	_____	Given Name(s):	_____
Date of Birth	_____	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
	mm-dd-yyyy		
Citizenship:	<input type="checkbox"/> Canadian	<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Student Visa <input type="checkbox"/> Other _____ Specify
Mailing Address:			
Street Number, Street Name, Apartment Number			
City	Province/State	Postal/Zip Code	
Country			
Contact Information:			
Home Phone Number	Work Phone Number	Mobile Phone Number	
Fax Number	Email Address		
Application Details:			
CMHR program start date (as Master's student): _____			
State your home department/school during the tenure of this award, as well as the official start and expected end date of your degree program.			
Home Department/School: _____		Degree Start Date: _____	
Date of transfer from Master's to PhD: _____		Degree End Date: _____	
SCHOLARSHIPS/AWARDS			
Title/Description	Annual Value	Start/End Date	Status
			Received <input type="checkbox"/> Pending <input type="checkbox"/>
			Received <input type="checkbox"/> Pending <input type="checkbox"/>
			Received <input type="checkbox"/> Pending <input type="checkbox"/>
<i>*It is the trainee's responsibility to inform the CMHR Program immediately if funding changes during the term of their program.</i>			
CMHR Mentor: _____		Department/School: _____	
CMHR Co-Mentor: _____		Department/School: _____	
CMHR Co-Mentor: _____ (if applicable)		Department/School: _____ (if applicable)	

Project Title:

Provide a title for your project that would be suitable for posting on the CMHR website.

Lay language summary of the proposed research project:

Provide a non-confidential, plain-language summary of the project that would be suitable for posting on the CMHR website (max. 150 words).

(To be completed by Trainee with input from the CMHR Mentor)

Mentorship and resources in the training environment:

Briefly highlight elements of the research milieu that will contribute directly or indirectly to the quality of the candidate’s research training experience in MSK health research (max. 150 words).

(To be completed by the CMHR Mentor)

Detailed Description of Proposed Research Project:

Outline the proposed research project including Background and Rationale; Objectives; Hypotheses (if applicable); Methods; Importance of potential findings to MSK health; Plans for knowledge translation. Clearly outline how your project has been expanded to reflect the degree designation change, highlighting any new collaborations (max. 500 words).

(To be completed by Trainee with input from the CMHR Mentor)

Additional Documentation Checklist (Graduate Students)	
<input type="checkbox"/>	Candidate Curriculum Vitae
<input type="checkbox"/>	Official Transcripts – Graduate training NOTE: Official transcripts for institutions other than Western must be sent in hardcopy by standard mail
<input type="checkbox"/>	Letters of Recommendation – One letter from primary supervisor and one letter from CMHR co-mentor
Declarations and Signatures:	
<p>The CMHR Program offers a number of unique opportunities designed to enhance the career development of trainees in the Program. CMHR trainees are expected to participate in the following activities:</p> <ul style="list-style-type: none"> ▪ Spend a minimum of 75 percent of time in research training. ▪ Successfully complete the MSK9000, MSK9100 course requirements (graduate students) and any other program requirements offered during the tenure of your award. ▪ Attend the Bone and Joint Seminar Series. ▪ Participate in course/workshop development (PDFs, clinician scientists in training) ▪ Take part in the Annual Bone and Joint Retreat. ▪ Submit an annual progress report describing your research progress and accomplishments, publications, presentations, awards and participation in enrichment activities. <p>Your ability to participate fully in these opportunities may depend on your career stage upon entry into the CMHR Program.</p> <p>I agree to participate in all required activities described above as part of the CMHR Program and agree that all information in this application is accurate and complete to the best of my knowledge.</p>	
_____	_____
Signature of applicant	Date
<p>I confirm the above information is accurate and I support my trainee’s application for, and participation in, the CMHR program.</p>	
_____	_____
Signature of primary mentor	Date

Please upload completed applications to [OWL](#):
 For further inquiries, please contact:
CMHR Program - Program Assistant
 519-661-2111 x34477
 cmhruwo@uwo.ca