

Research Institute Award Program

PROGRESS REPORT AND RENEWAL APPLICATION for ALL AWARDS

AWARD RECIPIENT

Title First Name Last Name Email

Type of Award:

Campus:

Supervisor: First Name Last Name Email

PROJECT INFORMATION

Project Name

Research Area

RESEARCH PROGRESS

Summary of Research Activities and Progress

What were your main objectives for this past year? Did you achieve them?

Main Objectives

Results

Have you experienced any obstacles in moving forward with your research project such as time limitations, resources etc.?

What are your objectives for the next installment of this award funding?

Are you still on target to complete your project as stated in your original submission? Yes No
If no, please explain

PROFESSIONAL DEVELOPMENT

Have you published articles, attended conferences or professional workshops? If yes, please specify, include full citations of all publications – published or in-press.

FUNDING

List all grants and/or other awards applied for and/or received.

IN-PERSON PRESENTATION TO TERESA CASIOLI CHARITABLE FOUNDATION – Only for the Women’s Health Award Recipients

Recipients of the Teresa Casoli Charitable Foundation Research Award in Women’s Health are required to send an additional copy of this report to:

St. Joseph’s Healthcare Foundation
224 James Street South
Hamilton ON L8P 3A9
Attention: Vice President, Development
T. 905 522 1155 ext. 36036

ADDITIONAL DOCUMENTATION REQUIRED – Only for the MD PhD Award Recipients

Recipients of the MD PhD Awards are required to obtain and include the following documentation with this Progress Report and Renewal Application. The following documents should be in a sealed and signed envelope:

- 1. Letter from Supervisor providing details of:**
 - A. Ongoing support of time and resources required to complete the project
 - B. Confirming 75% applicant’s time is reserved for research
 - C. Applicants’ overall performance and commitment to project

- 2. Letter from McMaster MD/PhD Program Director**
 - A. Confirming ongoing enrollment and success in the program

SIGNATURE OF AWARD RECIPIENT – For all awards

I hereby sign that all of the information and contents contained with this Progress Report and Renewal Application are true and understand falsification of any copy or document will result in immediate investigation and applicable disciplinary action.

Signature Awardee	Print Name	Date

SIGNATURE OF SUPERVISOR – *Only for Studentships, and Post-doctoral Fellowship Awards*

I hereby sign that all of the information and contents contained with this report by my learner are true and understand falsification of any copy or document will result in immediate investigation and applicable disciplinary action.

Supervisor's Signature	Print Name	Date

Award Recipient to send the progress report and renewal application by either hard copy or pdf scan to:

The Research Institute of St. Joe's Hamilton
Research Administration
50 Charlton Ave. East. - H303, Martha Wing
Hamilton ON L8N 4A6
Email: research@stjoes.ca

*******FOR ADMINISTRATIVE USE ONLY*******

SCIENTIFIC DIRECTOR'S REVIEW

- Progress is satisfactory. Please maintain award funding payments.
- There are grounds for concern about the awardee's progress. We require another progress report by _____.
- Progress is unsatisfactory. Award funding payments should cease.

Comments

Scientific Director's Signature	Print Name	Date