**RESEARCH INTERESTS QUESTIONNAIRE**

**MEDICAL SCIENCES PROGRAM**

*The Admissions team uses the Research Questionnaire to understand your research goals and interests. Faculty members will review this information to select candidates who align with their lab's focus. Please complete both pages of this form.*

**NAME OF APPLICANT**:

**1.** DESCRIPTION OF RESEARCH INTERESTS: Write a brief description in the space provided below outlining the area of research which interests you.

**2.** KEY WORDS: Make your selection based on key words (found listed after the faculty’s research interest) that closely describes your research interests (limit 8-10 key words).

**3.** INDICATE POTENTIAL SUPERVISOR(S):

**4.** FUNDING:

1. Have you applied for external funding? [ ] Yes [  ] No

[ ] CIHR [ ] OGS [ ] NSERC

[ ] Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Will you be enrolled concurrently in the CIP and Medical Sciences programs?

[ ] Yes [  ]No

**5.** ADDITIONAL INFORMATION

1. Are you currently enrolled in a Masters program? [ ] Yes [ ] No
2. Indicate the date your degree will be completed:
3. If not in a degree program, what are you presently doing?

**DESCRIPTION OF RESEARCH INTERESTS**

*Please limit your statement to this one page, (single spaced, typed) outlining why you wish to pursue this academic program, as well as your ultimate career goals.*