

Collaborative Specialization in Indigenous Health (CSIH) Student Application Form

Please complete this form and forward to the CSIH Director. Include a copy of your resume or CV with your application.

Name: _____ **Student Number:** _____

Current Address: _____

Email Address: _____

Phone Number: Current: _____ Home (permanent): _____

Home Department: _____

Degree Sought: _____

Supervisor (if applicable): _____

Provide a brief summary of academic background and interests that relate to Indigenous Health (provide only highlights that are relevant including knowledge of Indigenous research methods, OCAP, or lived experience):

Briefly describe reasons for wanting to participate in CSIH (can attach a separate 1-2 page personal statement with your potential research/practicum):

What other Indigenous health courses do you intend to take (specifically for Masters students who are enrolled in a 10 course option? Ensure to add/enrol in SRM3333H or SRD4444H for the Seminar Series course.

Completed Electives	Dates	Intended Electives	Dates

Your Degree Requirements (check all applicable):

Thesis/Dissertation: _____ Practicum: _____ In Depth Research Paper: _____

Intended Topic or Focus of Thesis, Practicum or Research Paper:

Members of Thesis or Dissertation Committee including Core CSIH faculty:

Fellowships Held (i.e., CIHR Doctoral Fellowship):

Other Relevant Information:

Student's Signature: _____

Date: _____