

LIST OF APPLICATIONS-FORM

Canadian Institutes of Health Research (CIHR)				
Canada Graduate Scholarships Doctoral (CGS D) Program				
Institution Name:				
Number of Assigned Quotas:				
Total number of applications received by institution:				
Number of applica	tions submitted wit	hin quota:		
Number of applica	tions submitted from	m self-identified Indigenous applicants:		
		pelow are applicants that are currently registered or were year of application in a degree program at your institution.		
Last Name	First Name	Project title (may be truncated to fit on one line)		

^{*} If additional space is needed, add pages as required.



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Canadian Institutes of Health Research (CIHR)				
Canada Graduate Scholarships Doctoral (CGS D) Program				
Institution Name:				
Number of Assigned Quotas:				
Total number of applications received by institution:				
Number of applications submitted within quota:				
Number of applications submitted from self-identified Indigenous applicants:				
Self-identified Indigenous applicants : Candidates listed below include applicants that have self-identified as Indigenous to your institution. <u>NOTE</u> : Applications in this section are being submitted above your institution's quota (not included within the count of the quota).				
Last Name	First Name	Project title (may be truncated to fit on one line)		
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^{*} If additional space is needed, add pages as required.