



**ALBERTA HERITAGE FOUNDATION FOR MEDICAL RESEARCH
STUDENTSHIP & FELLOWSHIP FINAL REPORT FORM
FULL/PART-TIME, CLINICAL, HEALTH and MENTAL HEALTH**
1500, 10104 – 103 Avenue, EDMONTON, AB T5J 4A7
Phone: (780) 423-5727 Fax: (780) 429-3509 e-mail: ahfmrgrants@ahfmr.ab.ca

SECTION 1: TO BE COMPLETED BY TRAINEE

Surname, First Name & Initial	Period Supported:
	FROM: mm/dd/yy TO: mm/dd/yy

Supervisor's Name (Surname, First Name & Initial)
Supervisor's Primary Department/Research Group/Faculty/University

AHFMR Award Held:
<input type="checkbox"/> Full-time Studentship <input type="checkbox"/> Part-time Studentship <input type="checkbox"/> Health Studentship <input type="checkbox"/> Mental Health Studentship <input type="checkbox"/> Full-time Fellowship <input type="checkbox"/> Part-time Fellowship <input type="checkbox"/> Clinical Fellowship

Reason for Termination or Cancellation of Award:
<input type="checkbox"/> Personal Reasons <input type="checkbox"/> Change in Supervisor/Project/Institution <input type="checkbox"/> Completion of Project <input type="checkbox"/> Completion of Degree – SPECIFY degree/discipline ____ Defense Date: mm/dd/yy

Post Award Information:	Please provide a forwarding address:
<input type="checkbox"/> Employment <input type="checkbox"/> Professional <input type="checkbox"/> Academic <input type="checkbox"/> Industrial <input type="checkbox"/> Further Research Training (i.e. PDF) <input type="checkbox"/> Further Education <input type="checkbox"/> Further Clinical Training <input type="checkbox"/> Accepted Other Award	

COMMENT ON THE ADEQUACY OF THE RESOURCES AVAILABLE AND SUPERVISION RECEIVED DURING YOUR TRAINING. (Limit to space provided here.)

NAME: _____

PROJECT TITLE:

PROVIDE A SUMMARY OF THE RESEARCH CONDUCTED DURING YOUR PERIOD OF TRAINING AND COMMENT ON THE SIGNIFICANCE OF THE RESULTS. **(Limit to space provided here.)**

NAME: _____

PROVIDE A LIST OF YOUR SCIENTIFIC PUBLICATIONS/ABSTRACTS/PRESENTATIONS PRODUCED DURING THE PERIOD OF AHFMR SUPPORT. ONLY LIST PAPERS/ABSTRACTS THAT HAVE BEEN PUBLISHED OR ARE IN PRINT. **(Additional pages may be used if required.)**

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LIST CONFERENCES, SYMPOSIA ATTENDED DURING THE PERIOD OF AHFMR SUPPORT.

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LIST OTHER AWARDS, PRIZES RECEIVED DURING THE PERIOD OF AHFMR SUPPORT.

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LIST ANY INVENTIONS/PATENTS OBTAINED OR APPLIED FOR DURING THE PERIOD OF AHFMR SUPPORT.

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OTHER COMMENTS YOU MAY WISH TO ADD.

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Signature: _____ Date: _____

NAME: _____

SECTION 2: TO BE COMPLETED BY SUPERVISOR

COMMENT BRIEFLY ON THE PERFORMANCE OF THE AWARDEE AND SUMMARIZE HIS/HER CONTRIBUTIONS TO YOUR RESEARCH PROGRAM.

DID THE BACKGROUND PREPARATION AND EXPERIENCE OF THE SUPPORTED STUDENT/FELLOW MATCH THE RESEARCH REQUIREMENTS OF YOUR RESEARCH PROJECT? YES NO
PLEASE ELABORATE:

DESCRIBE THE STUDENT'S/FELLOW'S PLANS FOR FURTHER TRAINING OR CAREER CHOICE FOLLOWING COMPLETION OF THE RESEARCH TRAINING UNDER YOUR SUPERVISION.

Signature: _____ Date: _____