



Departments of Obstetrics & Gynaecology and Pediatrics Faculty of Medicine University of British Columbia www.wach.med.ubc.ca

Agreement to Supervise WACH Applicant

The applicant named below has applied or is planning to apply to the Women+ and Children's Health Sciences graduate program. I have agreed to act as the research supervisor for this student, pending their approval for admission into the WACH program.

Applicant's name:	
Intended program (MSc/PhD):	Intended start date:
Stipend offered (per annum):	
•	n requires that each student receive a minimum stipend of . The full WACH student funding policy is available at hts/policies-forms/.
	n stipend in order to be considered for admission, ie. acceptance
Conditions My acceptance of the applicant name conditions:	ed as a graduate student is subject to the following
☑ The applicant is approved for a Graduate and Postdoctoral Studie	admission to the WACH program by the Faculty of es.
☐ The applicant confirms funding Details:	g from their home country or home institution.
☐ Other. Details:	
Supervisor's Name:	Supervisor's Signature:
Date:	
Return a PDF of this form to:	

1) The applicant

2) Program Manager, wach.program@ubc.ca