The Mach-Gaensslen Foundation of Canada
Encouraging Research in Cardiology, Oncology, and Psychiatry

Summer Student Research Program
Consent for On-line Posting
(to be submitted by October 30)

We, __________________________________________________ (name of Grant Recipient) and
____________________________________________ (name of Faculty Advisor) by signing below,
hereby consent to the posting on the Mach-Gaensslen Foundation of Canada website of the following
information only:
- The name of the Grant Recipient
- The name of the Faculty Advisor
- The name of the University where the Faculty Advisor is employed
- The title and year of the Grant Recipient's research

that was completed on the ______ day of __________________ 2____ as part of the Summer Student
Research Program participation agreement with the Mach-Gaensslen Foundation.

If the student is not at the same University as the Faculty Advisor, then the student's university will also
have to provide an appropriate authorization on the line entitled "Additional authorization when required".

Dated at: _____________________ this ______ day of __________________ 2____

________________________________            ________________________________
Grant Recipient                Witness

________________________________            ________________________________
Faculty Advisor/University     Witness

Additional authorization when required:

________________________________            ________________________________
Authorized Faculty member/University     Witness

Dated this ______ day of __________________ 2______