

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_____