

**Associated Medical Services, Inc.**  
**HANNAH STUDENT APPLICATION FORM**

<b>Applicant Information</b>		
Name: Mr. Mrs. Ms Miss		
Contact Address		
Email	Phone	FAX
<b>Citizenship:</b> Canadian    Permanent Resident in Canada    Other (Specify Country):		
<b>Academic Institutional Information</b>		
Name, Department, Address		
Degree Program and Date of Acceptance into Undergraduate Program		
Project Title		
Research Ethics Certificate Required? No    Yes    Original Certificate Attached		
Supervisor (Name, Department, Institution)		
Project Supervisor and Location (if different from above)		
<b>Referee</b>		
Name, Title, Affiliation		
<b>Signatures</b>		
Applicant		Date:
Supervisor		Date:
University (see below)		Date:
The application must be signed by the designated representative of the administering institution. In signing this application, the applicant and administering institution agree to abide by the AMS Terms and Conditions as outlined in the Guidelines.		
Contact Information for the designated representative of the University Administration		
Name		
Title		
Phone number		
Complete mailing address		