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

	Applicant Information Name: Mr. Mrs. Ms Miss		
2015 COMPETITION	TNAME. WIT. WITS. WIS WISS	,	
DEADLINE			
DEADLINE	Contact Address		
	Contact reducess		
20 FEBRUARY 2015			
	Email	Phone	FAX
		1 110110	
	Citizenship: Canadian	Permanent Resident in Canada	Other (Specify Country):
Consult Application	Academic Institutional Information		
Guidelines before	Name, Department, Address		
Completing			
	Degree Program and Date of Acceptance into Undergraduate Program		
Applicants must be			
registered in a recognized	Project Title		
undergraduate program at a			
Canadian University at the			
time of application.	Research Ethics Certificate Required? No Yes Original Certificate Attached		
Medical students are also	Supervisor (Name, Department, Institution)		
encouraged to apply.			
encouraged to apprij.			
Send application to	Project Supervisor and Location (if different from above)		
Sene application to			
Sasha Mullally, PhD	Referee Name, Title, Affiliation		
114 Tilley Hall			
9 Macaulay Lane	Name, Thue, Armitation		
PO Box 4400			
University of New	Signatures		
Brunswick	Applicant Date:		
	Applicant	spheant Date.	
Fredericton NB, Canada	Supervisor	Date:	
E3B 5A3	Supervisor	Dute.	
	University (see below)	Date:	
E-mail: sasham@unb.ca			
	The application must be sig	gned by the designated representati	ve of the administering
Telephone:	institution. In signing this application, the applicant and administering institution agree to		
506-453-5181	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		