

\_\_\_\_\_  
Date

 \_\_\_\_\_  
Faculty of Department

 \_\_\_\_\_  
AAU Approval Required

	Surname	Grantee Approval	Account Number (Fund/Department/ Program or Project Account)	Natural Account Number (Canadian or International)	Accidental Injury Coverage Cost	Total Research Stipend (Lump Sum minus Accidental Injury Coverage)	Start/End Date of the internship (MM/DD/YYYY)
	Given Name						
	Student Number						
	Employee Number						
1	Print			<input type="checkbox"/> 81330 (Canadian) <input type="checkbox"/> 81330 (International)	\$4.20 (coverage duration May 1 <sup>st</sup> to April 30 <sup>th</sup> )		
	Signature						
2	Print			<input type="checkbox"/> 81330 (Canadian) <input type="checkbox"/> 81330 (International)	\$4.20 (coverage duration May 1 <sup>st</sup> to April 30 <sup>th</sup> )		
	Signature						
3	Print			<input type="checkbox"/> 81330 (Canadian) <input type="checkbox"/> 81330 (International)	\$4.20 (coverage duration May 1 <sup>st</sup> to April 30 <sup>th</sup> )		
	Signature						
4	Print			<input type="checkbox"/> 81330 (Canadian) <input type="checkbox"/> 81330 (International)	\$4.20 (coverage duration May 1 <sup>st</sup> to April 30 <sup>th</sup> )		
	Signature						

NOTE: This form should only be submitted after approval has been received from MITACS regarding the industry project, and the corresponding grant account has been generated. All training listed below must be submitted with this form prior to the start of the student's placement with the industry partner.

As the academic supervisor for this MITACS research internship, please verify the completion of the following by checking the boxes of the below requirements:

- I verify I am the academic supervisor for this approved MITACS research internship and the student provided with this internship is a Masters/PhD student.
- I verify the student is aware that the cost of the Accidental Injury Coverage will be deducted from the research stipend.
- I have attached the confirmation training email (student to provide printed email confirmation for each training) marking the completion of the below training:
  - Health & Safety Orientation: <http://www1.uwindsor.ca/safety/healthandsafetyorientationworker>
  - WHMIS: <http://www1.uwindsor.ca/safety/WHMIS>
  - Violence & Harassment Prevention: <http://www1.uwindsor.ca/safety/system/files/WPVH%20Training%20April%202018.pdf>
  - Accessible Customer Service Training: <http://www.uwindsor.ca/ohrea/57/accessibility-training>
  - AODA and Human Rights Training: <http://www.uwindsor.ca/ohrea/61/aoda-and-human-rights-training>

Academic Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

All amounts paid from this internship are considered research income. This form must be completed in its entirety with training confirmations in order to be processed.

**Submit completed form and confirmation training emails to Human Resources. All inquiries should be directed to Human Resources at (519) 253-3000 ext. 2084**

HR TO FACILITATE: Research Finance Approval: \_\_\_\_\_

Date: \_\_\_\_\_