

Dean of Medicine

Collaborative Clinical and non-
Clinical Research Grant



Dean's Collab Registration Form

Date (dd/mm/yy): _____

Requested Budget: _____

Application Type (tick all that apply):

Dean's Collab Grant

Other (please specify):

Nominated Principal Investigator (name & affiliation):

Project Title: _____

Team Members:

Name	Affiliation	Role (Please select from the dropdown menu)	Area of Expertise

*Note: Only the PI role cannot be changed from registration to application

One-Page Summary of Research Proposal

This summary is a KEY component of the review process. Please see MRF guidelines for details.

Review Information

Key Words: Please list up to 8 keywords.

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Suggested Reviewers: Please suggest reviewers from both inside Memorial University as well as external (within Canada).

Name	Affiliation	Expertise	Email

Suggested Reviewers to Exclude:

Name	Affiliation	Reason to Exclude