Department of Physiology
University of Toronto

Ph.D. Research Proposal
CIHR Operating Grant Application

Written Examination

Candidate's Name: _____

Title: _____

_____

_____

Evaluation: Grade based on CIHR ranking scale (below): _____

Ranking:	0 – 2.9	= Unacceptable. Revised proposal may be submitted if applicable (see Rules for CIHR Style Grant Proposal)
	3.0 – 4.9	= Acceptable

Evaluated by: _____ _____

Name (print) Date

_____

Signature

Comments: (attach additional pages if required)