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**Faculty Award Slips:**

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Name (Surname, First name):

Academic Rank:

Dept / School / Centre

Sponsor / Donor:

Year of Award

(can include month)  
Name of Award / Prize:  
(will allow more than 1 line)

Category (please choose one from drop-down box)

Is this a Salary Support award? (please check one box)  
(eg. CIHR, MSFHR or CRC)  Yes  No

Is this a Research grant? (please check one box)  Yes  No

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