

Expression of Interest for the Tri-Agency Cohort Program

Completed and Signed Forms are to be Provided to the Office of Research Services research.services@uregina.ca by **April 10, 2026**.

Principal Investigator	
U of R Principal Investigator	dept/faculty/centre/institute

Funding Program (Check one)

<input type="checkbox"/>	SSHRC Insight Grant
<input type="checkbox"/>	SSHRC Insight Development Grant
<input type="checkbox"/>	NSERC Discovery Grant
<input type="checkbox"/>	CIHR Project Grant
<input type="checkbox"/>	SHRF Establishment Grant
<input type="checkbox"/>	SHRF Solutions Program (Impact and Innovation Grants)

Attachments:

Applicant:

- All applicants **must** attach a **recent CV**.

Declaration by Principal Investigator

To realize the value of the programming offered, I agree to fully participate in all aspects of the Tri-Agency Cohort Program.

Principal Investigator		
Print Name	Signature	Date

Upon receipt of the EOI, a Research Facilitator will contact you to set up a meeting regarding participation in the Tri-Agency Cohort Program.