

Applicant: Last Name\_\_\_\_\_ First Name & Initial\_\_\_\_\_

**PSYCHOSOCIAL ONCOLOGY OPTION (PSOO)**

**APPLICATION FORM**

**Please Note:** In addition to completing this application, **new students** who are applying for the PhD program in the School of Nursing or the Department of Psychology and would like to register for PSOO, must click on “**Psychosocial Oncology**” in the “Concentration or Area of Specialization” field on Minerva.

1. ☐Mr. ☐Ms. ☐Dr. \_\_\_\_\_Other Last Name\_\_\_\_\_ First Name & Initial\_\_\_\_\_

**2. Mailing Address:**

# and Street\_\_\_\_\_

Apt #\_\_\_\_\_

City\_\_\_\_\_

Province/State\_\_\_\_\_

Postal/Zip Code\_\_\_\_\_

Country\_\_\_\_\_

**Permanent Address:**

# and Street\_\_\_\_\_

Apt #\_\_\_\_\_

City\_\_\_\_\_

Province/State\_\_\_\_\_

Postal/Zip Code\_\_\_\_\_

Country\_\_\_\_\_

**3. Telephone:**

Home: (     )

Work: (     )

Cell: (     )

**4. Email:**

**5. Academic History**

Degree	Institution	Year Started	Year Completed	Discipline

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**6. Scholarships, Fellowships and Other Awards (currently and previously held)**

<b>Scholarship, Fellowship or Other Award</b>	<b>Year Awarded</b>	<b>Year Ended</b>

**7. Previous Research Experience**

<b>Institution</b>	<b>Supervisor</b>	<b>Field of Research</b>	<b>Month/Year Started</b>	<b>Month/Year Completed</b>

**8. On a separate sheet(s) of 8.5 x 11 paper, please list Publications and Presentations/Abstracts according to the format below:**

- 12 point font (Times New Roman), 1 inch margins. Most recent first.
- Your Last Name, First Name & Initial on the Header of each page (left side). Page #'s in the footer (centre) as 8a, 8b etc.
- Publications: Authors (your name in bold), Title, Journal, Volume, Pages, Year
- Presentations: Title of Talk, Authors/Presenters (your name in bold), where it was presented, month/year of presentation.

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**9. School/Department of PhD Program in which candidate is registered or will be registered:**

☐ School of Nursing      ☐ Department of Psychology

**10. Proposed Supervisor (Name, School/Department):**

**11. Proposed Title of Research Proposal** (please use the same title in the Supervisor's Letter of Support: page 5 of this application)

**12. Please attach a one page summary describing why you are interested in psychosocial oncology, as well as your research interests and how they are related to psychosocial oncology.** Please use the following format:

- 12 point font (Times New Roman), 1 inch margins.
- Your Last Name, First Name & Initial on the left hand side of the Header.

**Please note:** The PhD thesis topic must be germane to psychosocial oncology.

**13. Please list those courses from the Program requirements (see below) that you have already completed (if applicable):**

**Core Courses (6 credits)**

NUR2 783	Psychosocial Oncology Research	3 credits
NUR2 705	Palliative Care in Cancer	3 credits

**Choice of one of the following Complementary Courses (3 credits)**

PSYC 505	The Psychology of Pain	3 credits
PSYC 507	Emotions, Stress and Illness	3 credits
PSYC 754	Health Psychology Seminar	3 credits
SWRK 609	Health and Social Work	3 credits
SWRK668	Life Threatening Illness and Bereavement	3 credits

**14. The supervisor must complete the Supervisor's Letter of Support form on page 5 of this application and must send it to the PSOO contact person listed at the bottom of that page. Please note that the Supervisor's Letter of Support must be submitted separately by the supervisor.**

**15. Please attach a photocopy of your undergraduate and any graduate transcripts.**

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**16. Declaration by Applicant:**

I \_\_\_\_\_ declare that I have read the instructions on this application and that the information provided by me is true and complete. I recognize that it is my responsibility to provide all the necessary documentation to support my application for PSOO. If I am admitted to PSOO, I agree to comply with the rules and regulations of PSOO, the Department/School in which I am registered, and the University.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**The application package should be submitted to:**

Dr. Gayle A. Shinder  
Dept. of Oncology  
McGill University  
546 Pine Avenue West  
Montreal, Quebec H2W 1S6  
Canada

Tel: (514) 398-8466

Email: [gayle.shinder@mcgill.ca](mailto:gayle.shinder@mcgill.ca)

Applicant: Last Name \_\_\_\_\_ First Name & Initial \_\_\_\_\_

### Supervisor's Letter of Support

1. **Name of Applicant** \_\_\_\_\_

2. **Proposed Title of Research Proposal (same title as on page 3, section 11 of Application):**

3. **Supervisor Information:**

Name \_\_\_\_\_ Department/School \_\_\_\_\_

Address \_\_\_\_\_

Tel: (514) \_\_\_\_\_

Fax: (514) \_\_\_\_\_

Email: \_\_\_\_\_

4. **Please explain the relationship of the proposed research to the supervisor's program of research**  
(If there is no relationship, the PSOO committee may suggest a co-supervisor)

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

**Please send this completed form to:**

Dr. Gayle A. Shinder

Dept. of Oncology

McGill University

546 Pine Avenue West

Montreal, Quebec H2W 1S6

Tel: (514) 398-8466 Email: [gayle.shinder@mcgill.ca](mailto:gayle.shinder@mcgill.ca)