**CANADA EXCELLENCE RESEARCH CHAIRS PROGRAM  
PHASE 1 APPLICATION**

**Suggested Reviewers**

The institution must suggest at least five potential reviewers for this application. For information on completing this form, refer to the [Application Instructions](http://www.cerc.gc.ca/program-programme/forms-formulaires-eng.aspx/program-programme/forms-formulaires-eng.aspx) (Part 7).

**Institution:**

**Title of Proposed CERC:** Canada Excellence Research Chair in

|  |  |
| --- | --- |
| 1) Surname or family name: |  |
| Given name and initials: |  |
| Department/faculty/division: |  |
| Title or position: |  |
| Institution/organization: |  |
| Country: |  |
| Areas of expertise: |  |
| Email address: |  |

|  |  |
| --- | --- |
| 2) Surname or family name: |  |
| Given name and initials: |  |
| Department/faculty/division: |  |
| Title or position: |  |
| Institution/organization: |  |
| Country: |  |
| Areas of expertise: |  |
| Email address: |  |

|  |  |
| --- | --- |
| 3) Surname or family name: |  |
| Given name and initials: |  |
| Department/faculty/division: |  |
| Title or position: |  |
| Institution/organization: |  |
| Country: |  |
| Areas of expertise: |  |
| Email address: |  |

|  |  |
| --- | --- |
| 4) Surname or family name: |  |
| Given name and initials: |  |
| Department/faculty/division: |  |
| Title or position: |  |
| Institution/organization: |  |
| Country: |  |
| Areas of expertise: |  |
| Email address: |  |

|  |  |
| --- | --- |
| 5) Surname or family name: |  |
| Given name and initials: |  |
| Department/faculty/division: |  |
| Title or position: |  |
| Institution/organization: |  |
| Country: |  |
| Areas of expertise: |  |
| Email address: |  |