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Important Note



Contact information

Please complete the fields below.

Name of Institution:

Contact Name:

Position Title:

Institutional Email:

Institutional Telephone Number:

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Key Objective 3



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PART B: Challenges and Opportunities

Challenges

Opportunities

Part D: Engagement with individuals from underrepresented groups

PART E: Efforts to Address Systemic Barriers More Broadly within the Institution

Before submitting your report, please ensure that your responses are complete. You will not be able to edit the information after it is submitted.

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\$ UHPLQGHU WKDW LQVWLWXWLRQV DUH UHTXLHG WR SRVW D FRS\ RI WKLV UHSRUW DV VXEPI
ZHE SDJHV ZLWKLQ ZRUNLQJ GD\V RI WKH GHDGOLQH IRU VXEPLWWLQJ WKH UHSRUW WR 7,36

This information will be sent to the Tri-agency Institutional Programs Secretariat when you click 'Submit'. You will receive a confirmation email with a copy of your completed form in HTML format once it is submitted.

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