

**C** le e F II Re

**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**













## **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.

, KDYH UHYLHZHG P\ UHVSQRVHV DQG , DP UHDG\ WR VXEPLW P\ UHSRUW

\$ 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.

-RLQWO\ DGPLQLVWHUHG E\

