

**Application for a University of Toronto Excellence Award  
PART I. Personal Data**

		Date		
Family name of student		Given name		Initial(s) of all given names
<b>CURRENT PROGRAM</b>				
<b>Degree</b>	<b>Name of discipline</b>	<b>Institution</b>	<b>Department</b>	<b>Year and month of expected Degree completion</b>
At the time of application, are you attending university when this award is held?		How many academic years will you have completed towards your degree program		
<input type="checkbox"/> full time? <input type="checkbox"/> part time?				
Have you previously held a UTEA award?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please include		
<b>UTEA AWARDS RECEIVED (start with most recent)</b>				
<b>Name of award</b>		<b>Location of tenure</b>	<b>Period held (yyyy/mm – yyyy/mm)</b>	
<b>OTHER INFORMATION</b>				
Citizenship <input type="checkbox"/> Canadian citizen <input type="checkbox"/> Permanent resident <input type="checkbox"/> Foreign student with valid student Visa for the full work term (indicate date of landing as per Form IMM 1000)				
Current address		Permanent mailing address (if different from current address)		
If current address is temporary, indicate leaving date		Telephone number at permanent mailing address		
Telephone number at current address		E-mail address		
<b>SIGNATURE</b>				
I hereby agree to abide by the University of Toronto regulations governing awards, as described in the <i>Guidelines for the UTEA Program</i> .				
Student's Signature				

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PART II. Proposed Supervisor and Research Project**

The proposed supervisor must complete this application. In accordance with the *Privacy Act*, this information will be accessible to the student. **Read the accompanying instructions before you complete this application**

The proposed supervisor must complete this application. In accordance with the <i>Privacy Act</i> , this information will be accessible to the student. <b>Read the accompanying instructions before you complete this application</b>			Date
Family name of proposed supervisor	Given name	Initial(s) of all given names	Proposed starting date of award
Proposed supervisor's department			Proposed end date award
Address at location	Telephone	Fax	
	E-mail		

**PROPOSED RESEARCH PROJECT**

Title of proposed research project

Outline of proposed research project – Specify student's role and provisions that will be made for alternative supervision of student during supervisor's absence

Current NSERC or SSHRC fund number

Name of Principal Investigator, if different from proposed supervisor's

If the decision on your NSERC or SSHRC funding is still pending, are you able to commit to supervising the student and project in the event that your NSERC or SSHRC application is unsuccessful?

Yes

Not applicable

**SIGNATURE**

I hereby certify that the student will participate in research and development activities during the proposed period of tenure.

Signature of proposed supervisor

Printed name and signature  
Head of department