

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

		Date March 20, 2018
Family name of student Doe	Given name Jane	Initial(s) of all given names

CURRENT PROGRAM

Degree	Name of discipline	Institution	Department	Year and month of expected Degree completion
BSc	Specialist in Biology	University of Toronto	EEB	June 2019

At the time of application, are you attending university How many academic years will you have completed towards your degree program?
 full time? part time?

Have you previously held a UTEA award? Yes No
 If yes, please include _____

UTEA AWARDS RECEIVED (start with most recent)

Name of award	Location of tenure	Period held (yyyy/mm – yyyy/mm)
USRA	University of Toronto	2017/05 – 2017/09

OTHER INFORMATION

Citizenship
 Canadian citizen Permanent resident Foreign student with valid student Visa for the full work term
 (indicate date of landing as per Form IMM 1000)


Current address 12 Queen's Park Cres. W Toronto, ON M5S 1S8	Permanent mailing address (if different from current address)
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If current address is temporary, indicate leaving date	Telephone number at permanent mailing address 416-658-2255
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Telephone number at current address 416-658-2255	E-mail address Jane.doe@mail.utoronto.ca
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SIGNATURE

I hereby agree to abide by the University of Toronto regulations governing awards, as described in the *Guidelines for the UTEA Program*.



 Student's Signature

**Application for a University of Toronto Excellence Award
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**

Date
March 20, 2018

Family name of proposed supervisor Smith	Given name John	Initial(s) of all given names	Proposed starting date of award May 1, 2018
Proposed supervisor's department Ecology and Evolutionary Biology			Proposed end date award August 18, 2018
Address at location 25 Willcocks Street, Toronto, Ontario, Canada M5S 3B2		Telephone 416-978-5522	Fax 416-978-7777
		E-mail John.smith@utoronto.ca	

PROPOSED RESEARCH PROJECT

Title of proposed research project
Research in Microbial Techniques

Outline of proposed research project – Specify student's role and provisions that will be made for alternative supervision of student during supervisor's absence
The project will consist of (provide details)



Current NSERC or SSHRC fund number	Name of Principal Investigator, if different from proposed supervisor's John Smith
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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



Official Transcript

Course	Term	Grade
Research 101	Fall 2011	A+
Research 102	Fall 2011	A+
Research 103	Fall 2011	A+
Research 104	Fall 2011	A+
Research 105	Spring 2012	A+
Research 106	Spring 2012	A+
Research 107	Spring 2012	A+
Research 108	Spring 2012	A+
	4.0	A+
Research 201	Fall 2012	A+
Research 202	Fall 2012	A+
Research 203	Fall 2012	A+
Research 204	Fall 2012	C+
Research 205	Spring 2013	IPR
Research 206	Spring 2013	IPR
Research 207	Spring 2013	IPR
Research 208	Spring 2013	IPR
CGPA	3.95	A+

RESEARCH SERVICES OFFICE

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