

University of Toronto Excellence Award (UTEA) Application Form
PART I. Student Profile

		Date		
Family name of student		Given name		Initial(s) of all given names
CURRENT PROGRAM				
Degree	Faculty	Department (if applicable)	Year and month of expected Degree completion	Grade Point Average (GPA) (cumulative / best two years)
<p>At the time of application, please indicate your student status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time (final year of study only and part-time courseload is required to complete degree)</p> <p>How many academic years will you have completed towards your degree program? <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years <input type="checkbox"/> 4 years <input type="checkbox"/> 5 years+</p> <p>Have you previously held a UTEA award? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please fill in below section for all years the award was held.</p>				
UTEA AWARDS RECEIVED (start with most recent)				
Name of award	Location of tenure	Period held (yyyy/mm – yyyy/mm)		
OTHER INFORMATION				
<p>Citizenship <input type="checkbox"/> Canadian citizen <input type="checkbox"/> Permanent resident (indicate date of landing as per Form IMM 1000) <input type="checkbox"/> Foreign student with valid student Visa for the full work term</p>				
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		
SIGNATURE				
<p>I hereby agree to abide by the University of Toronto regulations governing awards, as described in the <i>Guidelines for the UTEA Program</i>.</p> <p>Student's Signature</p>				

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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

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
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			
Provide the CIHR, NSERC, or SSHRC Fund Number for the grant currently held, or MRA Application Number for the Tri-Agency grant currently applied for.			