**University of Toronto Excellence Award (UTEA) Application Form**

**PART I. Student Profile**

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| 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)** |
|  |  |  |  |  |
| At the time of application, please indicate your student status: [ ]  Full-time [ ]  Part-time (final year of study only and part-time  courseload is required to complete degree)  How many academic years will you have completed towards your degree program? [ ]  1 year [ ]  2 years [ ]  3 years [ ]  4 years [ ]  5 years+  |
| Have you previously held a UTEA award? [ ]  Yes [ ]  NoIf yes, please fill in below section for all years the award was held.  |
| **UTEA AWARDS RECEIVED (start with most recent)** |
| Name of award | Location of tenure | Period held (yyyy/mm – yyyy/mm) |
|  |  |  |
| **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 | 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** |
| 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 |

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**PART II. Proposed Supervisor and Research Project**

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| 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. |