University of Toronto Excellence Award (UTEA) Application Form

**PART I. Student Profile**

**Date:** Click or tap here to enter text.

**Student name (last name, first name, initials):** Click or tap here to enter text.

# CURRENT PROGRAM

**Degree:** Click or tap here to enter text.

**Faculty:** Click or tap here to enter text.

**Department (if applicable):** Click or tap here to enter text.

**Year and month of expected degree completion:** Click or tap here to enter text.

**Grade point average (GPA) (cumulative/best two years):** Click or tap here to enter text.

**At the time of application, please indicate your student status:**

[ ]  Full-time [ ]  Part-time (final year of study/only part-time courseload is required)

**Have you previously held a UTEA award?** [ ]  Yes [ ]  No

**If yes, please fill the section below for all years the award was held:**

# UTEA AWARDS RECEIVED (start with most recent)

**Name of award:** Click or tap here to enter text.

**Location of tenure:** Click or tap here to enter text.

**Period held (YYYY/MM – YYYY/MM):** Click or tap here to enter text.

# OTHER INFORMATION

**Citizenship:**

[ ]  Canadian citizen

[ ]  Permanent resident. Indicate date of landing as per Form IMM1000: Click or tap here to enter text.

[ ]  International student with valid student visa for the full work term

**Current address:** Click or tap here to enter text.

**Permanent mailing address (if different from current address):** Click or tap here to enter text.

**If current address is temporary, indicate leaving date:** Click or tap here to enter text.

**Telephone number at permanent mailing address:** Click or tap here to enter text.

**Telephone number at current address:** Click or tap here to enter text.

**Email address:** Click or tap here to enter text.

# SIGNATURE

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

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**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.**

# SUPERVISOR INFORMATION

**Proposed supervisor name (last name, first name, initial):** Click or tap here to enter text.

**Proposed supervisor’s department:** Click or tap here to enter text.

**Email address:** Click or tap here to enter text.

**Proposed award start date:** Click or tap here to enter text.

**Proposed award end date:** Click or tap here to enter text.

# SIGNATURE

I hereby agree to supervise this student if the application is awarded*.*

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**Supervisor’s signature**

# PROPOSED RESEARCH PROJECT

**Title of proposed research project:** Click or tap here to enter text.

**Outline of proposed research project.** Specify the student’s role and provisions that will be made for alternative supervision of student during supervisor’s absence.

|  |
| --- |
| Click or tap here to enter text. |

**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:** Click or tap here to enter text.