

2025 Summer Research Award Application Form

First Name:	Last Name:
Student Number:	NetID:
Email Address <u>:</u>	
Academic Program and Plan:	
Year in Program:	
Name of proposed supervisor:	
Title of research project:	
	erated Master's Degree in MME: YES NO No our graduate supervisor:
Eligible to work in Canada: YE	S □ NO □:
· •	resident of Canada or a Protected Person under subsection 95(2) of Protection Act (Canada): YES \square NO \square
identification information will be	k student applications are considered outside of the dept quota. Any self- e kept private and not used in the selection or review process. We will need be University if you are awarded a USRA. For this purpose, please choose a delow:
	cants an Indigenous student ntify as an Indigenous student or do not wish it self-identify
-	a Black student ntify as a Black student or I do not wish to self-identify
	Date