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)

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

**Name of supervisor:** 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 confirmation of permanent residence: Click or tap here to enter text.

International student with valid student visa for the full work term

# 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.**

**Read the accompanying instructions before you complete this application.**

**Tri-Agency funding:**

Provide the **UTRAC Fund Number (5xxxxx)** for the Tri-Agency grant currently held at U of T, or the **MRA Application Number** **(7xxxxxxx)** for a pending Tri-Agency grant application: Click or tap here to enter text.

# 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.

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

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

# PROPOSED RESEARCH PROJECT

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

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

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| Click or tap here to enter text. |