

**Application for a University of Toronto Excellence Award  
PART I. Personal Data**

				Date
Family Name of Student		Given Name		Initial(s) of all Given Names
<b>CURRENT PROGRAM</b>				
<b>Degree</b>	<b>Name of discipline</b>	<b>Institution</b>	<b>Department</b>	<b>Expected Degree Completion Date YYYY/MM/DD</b>
At the time of application, are you attending university <input type="checkbox"/> Full Time? <input type="checkbox"/> Part Time? How many academic years will you have completed towards your degree program when this award is held?				
Have you previously held a UTEA Award? <input type="checkbox"/> Yes    If yes, please complete below <input type="checkbox"/> No				
<b>UTEA AWARDS RECEIVED (start with most recent)</b>				
Name of Award		Location of Tenure		Period Held (YYYY/MM – YYYY/MM)
<b>OTHER INFORMATION</b>				
Citizenship <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident (indicate date of landing per Form IMM 1000) <input type="checkbox"/> Foreign student with valid student VISA for the full work term				
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	
<b>SIGNATURE</b>				
I hereby agree to abide by the University of Toronto regulations governing awards, as described in the <i>Guidelines for the UTEA Program</i> .				
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**

The proposed supervisor must complete this application. In accordance with the <i>Privacy Act</i> , this information will be accessible to the student. <b>Read the accompanying instructions before you complete this application</b>			Date
Family Name of Proposed Supervisor	Given Name	Initial(s) of all Given Names	Proposed Start Date of Award (YYYY/MM/DD)
Proposed Supervisor's Department			Proposed End Date Award (YYYY/MM/DD)
Location Address		Telephone Number	
		E-mail	
<b>PROPOSED RESEARCH PROJECT</b>			
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			
NSERC Grant Number <input type="checkbox"/> _____		Name of Principal Investigator, if different from proposed supervisor's	
SSHRC Grant Number <input type="checkbox"/> _____			
If the decision on your NSERC or SSHRC funding is still pending, are you able to commit to supervising the student and project in the event that your NSERC or SSHRC application is unsuccessful?			
<input type="checkbox"/> Yes		<input type="checkbox"/> Not applicable	
<b>SIGNATURE</b>			
I hereby certify that the student will participate in research and development activities during the proposed period of tenure.			
Signature of Proposed Supervisor	Printed Name, Head of Department	Signature	