

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

		Date
Family name of student	Given name	Initial(s) of all given names

**CURRENT PROGRAM**

Degree	Name of discipline	Institution	Department	Year and month of expected Degree completion

At the time of application, please indicate your student status:     Full-time     Part-time

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     No

If 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

**Application for a University of Toronto Excellence Award  
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 starting date of award
Proposed supervisor's department			Proposed end date award
Address at location	Telephone	Fax	
	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			
Current NSERC or SSHRC fund number		Name of Principal Investigator, if different from proposed supervisor's	
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 and signature Head of department	