**University of Toronto Excellence Award (UTEA) Application Form**

**PART I. Student Profile**

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| --- | --- |
| Date | |
| Family name of student | | | Given name | | | | | Initial(s) of all given names | |
| **CURRENT PROGRAM** | | | | | | | | | |
| **Degree** | **Faculty** | | | **Department (if applicable)** | | **Year and month of expected**  **Degree completion** | | | **Grade Point Average (GPA)**  **(cumulative / best two years)** |
|  |  | | |  | |  | | |  |
| At the time of application, please indicate your student status:  Full-time  Part-time (final year of study only and part-time  courseload is required to complete degree)    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 | | | | | | | | | |

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**PART II. Proposed Supervisor and Research Project**

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| --- | --- | --- | --- |
| 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** | | | |
| 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 |
| E-mail | | | |
| **PROPOSED RESEARCH PROJECT** | | | |
| 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 | | | |
| 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. | | | |