University of Toronto Excellence Award (UTEA) Application Form

**PART I. Student Profile**

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

**UTEA Category Applying:** [ ]  UTEA-NSE [ ]  UTEA-SSH [ ]  UTEA-HLS

**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.

**Student’s Program of Study:** 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):**

 Cumulative: Click or tap here to enter text. 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

 Visa Expiration Date: Click or tap here to enter text.

**Current address:** Click or tap here to enter text.

**Permanent mailing address (if different from current address):** Click or tap here to enter text.

**If current address is temporary, indicate leaving date:** Click or tap here to enter text.

**Telephone number at permanent mailing address:** Click or tap here to enter text.

**Telephone number at current address:** Click or tap here to enter text.

**Email address:** Click or tap here to enter text.

# SIGNATURE

I hereby agree to abide by the University of Toronto regulations governing awards, as described in the *Guidelines for the UTEA Program. \*\** Note: Please sign. Typing is not acceptable as the signature. \*\*

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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.

[ ]  Active CIHR UTRAC fund number (5xxxxx): Click or tap here to enter text.

[ ]  Active NSERC UTRAC fund number (5xxxxx): Click or tap here to enter text.

[ ]  Active SSHRC UTRAC fund number (5xxxxx): Click or tap here to enter text.

[ ]  MRA application number of a pending CIHR/NSERC/SSHRC application (7xxxxxxx): Click or tap here to enter text.

*Note: Supervisors must hold an active tri-agency grant or have a pending tri-agency grant at the start date of the UTEA (May 1st) as a* ***principal investigator (PI).*** *Co-investigator is not eligible.*

# 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.

**Email address:** Click or tap here to enter text.

**Proposed award start date:** Click or tap here to enter text. (Note: Proposed start date should be no earlier than May 1, 2025.)

**Proposed award end date:** Click or tap here to enter text. (Note: Proposed end date should be at least 14 full weeks after the start date, no later than September 30, 2025 and before starting a graduate program.)

# PROPOSED RESEARCH PROJECT

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

**Outline of proposed research project.** Specify 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. |