

## APPLICATION FORM

### Undergraduate Summer Research Awards (2017)

**Grade Average:** UROP requires a minimum B+ average

Student Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Student e-mail: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**\*\*\*Unofficial transcript required – please attach to application\*\*\***

Research Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_

Lab Address: \_\_\_\_\_ Lab Phone Number: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 (12 weeks minimum)

<b>UROP support:</b>	\$ 2,000
Supervisor (minimum \$2,000)	\$ _____
<b>TOTAL FUNDING FOR STUDENT</b>	<b>\$ _____</b>

*For research involving human subjects, animals, radiation and/or biosafety, the approval number and expiry date must be listed:*

**Number of Awards available for each research category: Epilepsy or Muscular Dystrophy (6); Kidney & Kidney Related Disease (1); General Medicine Health Research in other areas(2); Cardiovascular, Heart (5).**

**Please check area(s) of research:**

- |  |  |
|--|--|
| GM – Health Research in other Areas (1) <input type="checkbox"/> | KD – Kidney & kidney related diseases (5) <input type="checkbox"/>   |
| Epilepsy or Muscular Dystrophy (1) <input type="checkbox"/>      | CH – Cardiovascular, Heart (2) <input type="checkbox"/>              |
| Respiratory Disease (1) <input type="checkbox"/>                 | CA – Cancer and Cancer related diseases (5) <input type="checkbox"/> |

**PLEASE NOTE:**

- **An investigator may submit ONLY ONE student, irrespective of cross-appointments**
- Students may apply through ONLY ONE department and ONE supervisor
- It is the responsibility of the supervisor to ensure that their student is covered by the appropriate protocol
- Students receiving this award must complete the appropriate payroll form, available in the Physiology Office (Eva Eng, MSB Room 3209)