

Application Form - Undergraduate Research Opportunity Program (UROP) - 2023

Eligibility: must have at least a B+ (GPA of 3.3) average or higher and are responsible for securing a position with a Physiology supervisor; interest in future graduate training; available to work for a minimum of 12 weeks (dates to be determined between you and your supervisor); must attend weekly seminars and participate in the mini-conference generally held the first week of August.

Student Name:	Student Number:
Student E-mail:	Telephone Number:
Address:	
Current University:	Current Year of Study:
Program (subject posts):	CGPA:
List Relevant Lab Courses and Research Experience:	
Statement of research interest and future goals: (maximum 100 word count/600 characters):	

Research Title:								
Supervisor Name:	Supervisor Signature:							
Lab Address:								
Start Date: _____ (12 weeks minimum)	End Date: _____							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">UROP support:</td> <td style="width: 20%; text-align: right;">\$ 2,500</td> <td rowspan="3" style="vertical-align: top; padding-left: 10px;"><i>For research involving human subjects, animals, radiation and/or biosafety, the approval number and expiry date must be listed:</i></td> </tr> <tr> <td>Supervisor (minimum \$2,500)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>TOTAL FUNDING FOR STUDENT</td> <td style="text-align: right;">\$</td> </tr> </table>	UROP support:	\$ 2,500	<i>For research involving human subjects, animals, radiation and/or biosafety, the approval number and expiry date must be listed:</i>	Supervisor (minimum \$2,500)	\$	TOTAL FUNDING FOR STUDENT	\$	
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Supervisor (minimum \$2,500)	\$							
TOTAL FUNDING FOR STUDENT	\$							

Number of Awards available for each research category (please check area(s) that apply to your research)

General Medicine (4)	<input type="checkbox"/>	KD Kidney (6)	<input type="checkbox"/>
CA Cancer (4)	<input type="checkbox"/>	Dr. John P. Mitchel - Cancer (1)	<input type="checkbox"/>
CH Cardiovascular, Heart (2)	<input type="checkbox"/>	EM Epilepsy or Muscular Dystrophy (1)	<input checked="" type="checkbox"/>

PLEASE NOTE:

- **Supervisors can be named as primary supervisor for only two applications through one unit to this program**
- students may submit only one application to this program
- it is the responsibility of the supervisor to ensure that their student is covered by the appropriate protocol
- please attach a copy of your transcript