

UNDERGRADUATE RESEARCH PROGRAM
FACULTY OF DENTISTRY, UNIVERSITY OF TORONTO

PROGRAM COORDINATOR: DR. BORIS HINZ
BORIS.HINZ@UTORONTO.CA

PROGRAM ASSISTANT: MS. LEAH RAZ,
L.RAZ@DENTISTRY.UTORONTO.CA

www.utoronto.ca/dentistry/facultyresearch/undergrad.html

Principal Investigators Project Application Form for the Summer Research Program 2019

Deadline for project submissions is January 25, 2019

Contact information:

Family Name:

First Name:

e-mail address:

Phone number:

- You agree to the following:** By submitting an abstract for the summer student program you agree to make yourself or a substitute acting as supervisor of your summer student (e.g., a graduate student, post-doc or senior technician) available on August 23, 2019 to attend and evaluate the student presentations.

Please indicate research area:

Are your matching funds already assured:

Do you hold a NSERC grant (if you are eligible PI):

Project title:

Project description:

Copy/paste your project description here. Limit your text to the space available (~350 words).

Clearly state: objectives, hypothesis, rationale and experimental plan.