



Project Application Form for the Summer Research Program 2020

Deadline for project submissions is **February 28, 2020.**

Supervisor Information:

Family Name:

First Name:

e-mail address:

Phone number:

☐ **Supervisor Consent** (agree by ticking this box):

By submitting an abstract for the summer student program, supervisor agrees to be available on **August 21, 2020** (tentative) to attend and evaluate the student presentations. The following can act as substitutes: research associates, post-docs, or senior technicians.

I have assured matching funds

I am holding a NSERC grant and thus I am an eligible PI for the NSERC USRA

I have applied or will apply for CIHR undergraduate funding

I have appended a 2-page project proposal to this application

Student Information:

Family Name:

Address:

First Name:

City:

Phone number:

Postal code:

e-mail address (must allow reception of several MBs):

I am a DDS student of the Faculty of Dentistry

If no, please indicate university and program:

Dental year (2020):

Previous research experience:

Consent:

☐ **Student Consent** (agree by ticking this box):

By submitting an abstract for the summer program, student agrees to present the project on **August 21, 2020** (tentative) to a judging panel that awards the best project. Student also agrees to contribute an abstract and poster presentation to the Faculty of Dentistry Research Day in **February 2021.**

Student has appended:

Curriculum vitae (maximum 2 pages)

Copy of unofficial academic transcripts for the past 2 years (for 1st year students, include most recent grades of past 2 years). Scanned PDF or other digital transcript is accepted.

Supervisor submits the complete application by e-mail as one PDF file to Leah Raz.: leah.raz@dentistry.utoronto.ca:

(1) Application Form; (2) two pages Research Description; (3) Student Transcripts; (4) two pages Student CV