

PROGRAM COORDINATOR: Dr. Tara Moriarty PROGRAM ASSISTANT: MS. Leah Raz,

LEAH.RAZ@DENTISTRY.UTORONTO.CA

https://www.dentistry.utoronto.ca/research/internal-resources

Project Application Form for the Summer Research Program 2022

Deadline for project submissions is February 18, 2022

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 prog 2022 to attend and evaluate the student presentations of	
I have read and acknowledged the COVID-19 measures on page 2.	
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 app	lication
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 (2022):	
Previous research experience:	
Consent:	
page 2. Student has appended: Curriculum vitae (maximum 2 pages)	the best project. Student also agrees to contribute Dentistry Research Day in February 2023 . See also the past 2 years (for 1 st year students, include most

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



UNDERGRADUATE RESEARCH PROGRAM FACULTY OF DENTISTRY, UNIVERSITY OF TORONTO

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COVID-19 Section

We understand that some projects do not require wet lab access and can be performed remotely. However, in fairness to labs that are dependent on bench access and students that are applying to wet lab projects, we cannot support only this cohort.

Thus, in case of a complete shutdown of wet labs in Summer 2022, we will likely cancel the SRP and related student funding.

The following section aims to ensure that supervisor and student have a clear understanding of how a possible cancellation of the program due to lab closures will affect the work and funding situation.

Supervisor:
Please check any of the following that apply:
Funding commitment:
☐ I will provide full funding of \$1500/month to the program student if the SRP needs to be cancelled.
☐ I cannot provide full funding of \$1500/month to the program student if the SRP needs to be cancelled.
Acknowledgements:
☐ My research project is designed or can be adapted to be performed 100% remotely.
☐ My research project is dependent on access to the Faculty of Dentistry's facilities.
Student:
☐ I understand and agree with the arrangements made by the supervisor in case of a full lab shutdown.