UNDERGRADUATE RESEARCH PROGRAM
FACULTY OF DENTISTRY, UNIVERSITY OF TORONTO

PROGRAM DIRECTOR: Dr. Tara Moriarty
PROGRAM COORDINATOR: Ms. Leah Raz,
LEAH.RAZ@DENTISTRY.UTORONTO.CA
https://www.dentistry.utoronto.ca/research/internal-resources

Project Application Form for the Summer Research Program 2024

Deadline for project submissions is February 27, 2024 and completed applications must be submitted by the supervisors and NOT the students.

Supervisor Information:

Surname:

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 16, 2024** to attend and evaluate the student presentations or provide a substitute.

I have assured matching funds

I am holding a NSERC grant and thus I am an eligible PI for the UTEA Award when available I have appended a 2-page project proposal to this application and additional information page

I confirm the student will NOT be working on this project remotely outside of Ontario

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Student Information:

Surname: 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 (2023):

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 16, 2024** 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 2025**. **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) one-page Research Description; (3) Student Transcripts; (4) two pages Student CV and (5) completed *new* additional page of this application.

Please provide information for the following:

1. If your application is approved, when will the student's start date be?:
   For the students that are planning on starting in May, all required completed forms (FOB access, Safety training etc.) must be submitted to the Research Office by **April 19, 2024.**

2. Please provide the first and last name of your lab designate* that will be available to co-supervise your student in the wet lab.
   *The lab designate should be a senior lab member or graduate student that is familiar with general lab protocols and can provide in lab training.

3. Confirm if this person one of the following:

   Co-PI
   Research Associate
   Lab Technician
   2nd Year Master Student
   PhD Student

4. Is your student an International student?

5. If your student is an International student, is there an existing MOU with their University Institution and the Faculty of Dentistry, U of T?
   If you answered yes to this question, please provide additional information or documentation as proof.

6. Do you have adequate designated space for your student in the lab and office area?
   No additional space is provisioned for Summer Students.

   *Please note: **Students are not approved to work outside of Ontario** if they will be working remotely on this project at any time during the summer. If your student is requesting to work outside of Ontario during their time in your lab, the Research Office must be notified immediately and HR must be contacted for approval to do so.*