

APPLICATION FORM

Faculty of Science Undergraduate Summer Research Awards

NSERC USRA
JOY M CUNNINGHAM
FAYE SOBEY
WARR
LAING
WITHERSPOON

Imhotep's Legacy Academy - Faculty of Science

Student information

Student name _____ BANNER number _____

E-mail _____ Phone number _____

Student program: _____ Years of study completed _____

Canadian citizen/permanent resident: _____

Please check any that apply:

<input type="checkbox"/> Intend to graduate in May*	<input type="checkbox"/> Enrolled in the College of Sustainability
<input type="checkbox"/> Born in Nova Scotia	<input type="checkbox"/> Marine Science field project
<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Neurodegenerative disease project
<input type="checkbox"/> African descent	

Provide academic transcripts from all universities that you have attended (Dalhousie BANNER printouts are acceptable)

*** Complete Appendix A in addition to this form if you plan to graduate this May**

Potential Supervisor's Evaluation

Please complete the following if you are willing to have the above student work under your supervision this summer should they receive a summer research award.

Supervisor name: _____ Department _____

1. Context in which you know the student: _____

	Low		High	Unknown
2. Level of student motivation/commitment:	___	___	___	___
3. Research ability/potential of student:	___	___	___	___
4. Project title _____				

COMPLETED FORM AND TRANSCRIPTS GO TO YOUR DEPARTMENTAL COORDINATOR
Contact Departmental Coordinator for application deadline

APPENDIX A

Faculty of Science Undergraduate Summer Research Awards

Complete the following if you plan to graduate this May

Graduating students are eligible to compete for undergraduate summer research awards if they are planning to begin a thesis-based graduate program in fall.

Student name _____

Have you held a summer research award in previous summer(s)? _____

If so, in whose lab(s) did you work? _____

* Note: students may hold awards in the same lab for a maximum of 2 summers

Describe your plans for graduate school next year

School(s)/department _____

Supervisor name _____

Application status _____

Additional information (attach letter if you like) _____

Potential Supervisor name _____

	Low				High	Unknown
1. Likelihood of student pursuing a research career	___	___	___	___	___	___
2. Overall research ability/potential of student	___	___	___	___	___	___

Comments (send letter to departmental coordinator)

Please comment briefly on the above rankings. Explain how this summer's research will benefit the student (e.g., student will expand on or publish honour's research). Indicate where (school, department) the student plans to begin graduate studies.

Completed form and supervisor letter go to departmental coordinator.