



**SUMMER UNDERGRADUATE RESEARCH PROGRAM
2022**

Application Form – Domestic Student

SECTION 1		Student Information		
Last Name:		Middle Name:	First Name:	
Permanent Mailing Address:				
Telephone (home):		Telephone (mobile):		
Primary E-mail:		Alternate E-mail:		
Social Insurance Number (SIN)#:		Date of Birth (dd/mm/yyyy):		
Are you a RASI student? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Have you previously participated in the IMS SURP program? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Educational Background				
Degree Program	University	Year of Study (1 st /2 nd /3 rd)	Major/Minor (if applicable)	Cumulative GPA (Min: 3.3/4.0 or 77 %)
Attach electronic copy of: <ul style="list-style-type: none"> • Most recent official transcripts scanned into PDF (for undergraduate students). • Official letter of good standing* with institutional seal and signature (for medical students). <i>*Hard-copy transcripts or screenshots of electronic records will not be accepted.</i> • Resume (no longer than 2 pages in word.docx) highlighting awards, abstracts, presentations, and publications. 				

SECTION 2		Supervisor Information (must be IMS Graduate Faculty member)	
Last Name:		First Name:	
Telephone (office):		Email:	
Hospital Affiliation (if applicable):		Department:	
Admin. Assistant Name:		Email:	



SECTION 3	Research Topic
Title:	
Keywords (minimum 5):	

SECTION 4 Research Area (choose ONE option that closely matches your research area)	
<input type="checkbox"/> Cancer and Cancer related diseases (CA)	<input type="checkbox"/> Polio, or Common cold, or Arthritis, or Cancer (PC)
<input type="checkbox"/> Cardiovascular, Heart (CH)	<input type="checkbox"/> Respiratory Disease (RE)
<input type="checkbox"/> Epilepsy or Muscular Dystrophy (EM)	<input type="checkbox"/> Respiratory, Circulatory and Heart disease (RC)
<input type="checkbox"/> Kidney and Kidney related diseases (KD)	<input type="checkbox"/> Health Research in Other Areas (GM) (specify below)



SECTION 5 Funding Agreement (please choose **only ONE**; supervisor and student to complete jointly)

Please take note regarding changes that have been made to the funding policy

The following funding options are available to domestic students accepted to the program. Students receive a minimum stipend \$5,000 in total (June-August) through one of following:

Option 1: External Funding
The student funds their summer research through an external grant or award. The IMS office does not administer this option.

Option 2: Full Funding from Supervisor
The supervisor funds the student (\$5,000) through an operating grant, affiliated research facility funds etc. The IMS office does not administer this option.

Option 3: Joint Funding*
IMS provides \$2,500 and the supervisor to provide the remaining \$2,500. IMS funding is subject to availability. This option is a competitive process and not guaranteed.

- Limit of **ONE** joint funded applicant **per supervisor**.
- Students must have an average of A- (3.7/4.0 or 80%) or higher Cumulative GPA.
- If the joint funding application is **not successful**, the student and supervisor should come to an agreement on alternate plans for funding.

**Funding for the administration of joint awards is provided by:*

- a) Undergraduate Research Opportunity Program (UROP) Award
- b) IMS Administered Award (Funding Partners: University Health Network (UHN), Department of Surgery, and Department of Psychiatry)
- c) IMS SURP Director Award
- d) Jasmine Quigley Memorial Award

Students who receive external funding or gain admission into another summer program, or withdraw their application, **must inform IMS immediately.**



SECTION 6 Funding & Program Agreement – Contract Sign-Off

STUDENT: I agree to the conditions of my acceptance and meet all eligibility criteria outlined under Section 5 of this application. I hereby certify that all components of my application are correct. I agree to the terms of the funding agreement option that I have chosen.

Student Name (please print)

Student Signature

Date (dd/mm/yyyy)

SUPERVISOR: If Full and Joint funding agreement (option 2 or 3) were chosen: **I agree to the terms and conditions of the funding and abide by the financial obligation to my student.**

I agree to pay the student under my supervision three timely installments over the course of three months (June, July and August). All payments for my portion of the student agreement will be made through my home department/hospital and will not be administered / routed by IMS.

Supervisor Name (please print)

Supervisor Signature

Date (dd/mm/yyyy)

Please sign, scan this page and attach as PDF

E-mail complete application to:
Sobiga Vyravanathan
Email: cc.medscience@utoronto.ca
Phone: 416- 946-8286

APPLICATION DEADLINE: Tuesday, February 15, 2022 at 11:59 pm EST