



**SUMMER UNDERGRADUATE RESEARCH PROGRAM  
 2025**

**Application Form – Domestic Student**

**Please complete this form electronically. Submit a completed application package to the [IMS SURP Application Portal](#).**

<b>SECTION 1 Student Information</b>				
Last Name:		Middle Name:	First Name:	
Permanent Mailing Address:				
City:		Province:	Postal Code:	
Telephone:				
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"/>				
If yes, which years did you participate in the IMS SURP program? _____				
<b>Educational Background</b>				
Degree Program	University	Year of Study (1 <sup>st</sup> /2 <sup>nd</sup> /3 <sup>rd</sup> , 4 <sup>th</sup> )	Major/Minor (if applicable)	Cumulative GPA (Min: 3.3/4.0 or 77 %)
<p>You <b>must</b> also upload an electronic copy of:</p> <ul style="list-style-type: none"> <li>• Most recent <b>official</b> transcripts scanned into PDF (for <b>undergraduate</b> students).</li> <li>• Official letter of good standing* with institutional seal and signature (for <b>medical</b> students).  <i>*Hard-copy transcripts, screenshots, or jpeg of electronic records will not be accepted.</i></li> <li>• Resume (<b>no longer than 2 pages in word.docx</b>) highlighting awards, abstracts, presentations, publications, and research experience.</li> </ul>				



<b>SECTION 2 Supervisor Information</b> ( <i>must be IMS Graduate Faculty Member</i> )	
Last Name:	First Name:
Telephone (office):	Email:
Hospital Affiliation (if applicable):	Primary Academic Department at U of T:
Admin. Assistant Name:	Email:

<b>SECTION 3 Research Topic</b>
Title:
Keywords (minimum 6):

<b>SECTION 4 Research Area</b> ( <i>choose ONE option that closely matches your research area</i> )	
<input type="checkbox"/> Aids (AI)	<input type="checkbox"/> Kidney and Kidney related diseases (KD)
<input type="checkbox"/> Cancer and Cancer related diseases (CA)	<input type="checkbox"/> Respiratory Disease (RE)
<input type="checkbox"/> Epilepsy or Multiple Sclerosis (EM)	
<input type="checkbox"/> General Medicine (GM) (please specify): _____	



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

The following funding options are available to domestic students accepted to the program. Students receive a minimum stipend \$6,974 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 (\$6,974) 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 \$4,474. IMS funding is subject to availability. This option is a competitive process and not guaranteed.
- Limit of **TWO** joint funded applicants **per supervisor**.
  - Students must have an average of **A- (3.7/4.0 or 80%)** or higher Cumulative GPA.
  - Students can only receive joint funding with the same supervisor for **two years**.
  - 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 enabled by our funding partners
- c) IMS SURP Director Award
- d) Jasmine Quigley Memorial Award



**SECTION 6**      **Student Agreement** *(please initial beside each statement)*

\_\_\_\_\_ I agree to inform the IMS Office by immediately emailing Emilie DesRosiers at [adm.medscience@utoronto.ca](mailto:adm.medscience@utoronto.ca) if I accept admission into another summer program or if I wish to withdraw my application.

\_\_\_\_\_ I agree that, as a full-time summer student I will work a minimum of 35 hours/week on my research project from June 2, 2025 to August 22, 2025.

\_\_\_\_\_ I agree that I will attend **all** weekly seminar series from June 2025 to August 2025. All seminars, unless otherwise stated, will be in person.



**SECTION 7      *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)

**Submit a completed application package through:**  
[The IMS SURP Application Portal](#)

**APPLICATION DEADLINE: Tuesday, February 25, 2025, at 11:55 pm EST**  
**No late or incomplete applications will be accepted.**