

## SUMMER UNDERGRADUATE RESEARCH PROGRAM 2024

## **Application Form – Domestic Student**

Please complete this form electronically.

SECTION 1 Student Information					
Last Name:	Mide	dle Name:	First Name:		
Permanent Mailing Address:					
Telephone:					
Primary E-mail:		Alternate E-mail:			
Social Insurance Number (SIN)#:		Date of Birth (dd/mm/yyyy):			
Are you a RASI student? Yes No					
Have you previously participated in the IMS SURP program? Yes No No					
If yes, which years did you participate in the IMS SURP program?					
Educational Background					
Degree Program University	Year of St (1 <sup>st</sup> /2 <sup>nd</sup> / 4 <sup>th</sup> )	. *	or/Minor (if applicable)	Cumulative GPA (Min: 3.3/4.0 or 77 %)	
Attach electronic copy of:					
<ul> <li>Most recent official transcrip</li> <li>Official letter of good standin</li> </ul>		•	_	•	
Most recent official transcrip		•	_	•	

- Official letter of good standing\* with institutional seal and signature (for medical students).
   \*Hard-copy transcripts or screenshots of electronic records will not be accepted.
- Resume (no longer than 2 pages in word.docx) highlighting awards, abstracts, presentations, publications, and research experience.

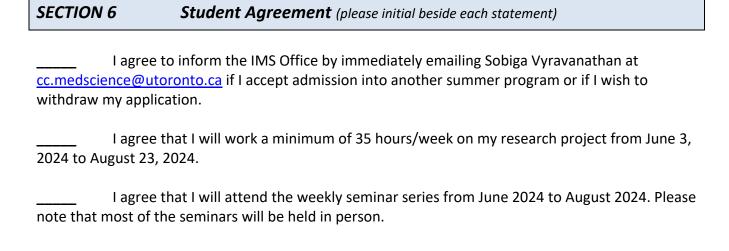


SECTION 2 Supervisor Information ( <u>must be IMS</u> Graduate Faculty Member)				
Last Name:	First Name:			
Telephone (office):	Email:			
Hospital Affiliation (if applicable):	Primary Academic Department at U of T:			
Admin. Assistant Name:	Email:			
SECTION 3 Research Topic				
Title:				
Keywords (minimum 6):				
SECTION 4 Research Area (choose ONE option that closely matches your research area)				
Aids (AI)	Kidney and Kidney related diseases (KD)			
Cancer and Cancer related diseases (	CA) Respiratory Disease (RE)			
Epilepsy or Multiple Sclerosis (EM)				
General Medicine (GM) (please specify)	:			



SECTIO	<b>Funding Agreement</b> (please choose <b>only ONE</b> ; supervisor and student to complete jointly)
	owing funding options are available to domestic students accepted to the program. Students a minimum stipend \$5,000 in total (June-August) through one of following:
	<b>Option 1: External Funding</b> The student funds their summer research through an external grant or award. The IMS office does not administer this option.
	<b>Option 2: Full Funding from Supervisor</b> 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 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 7 Funding & Program Agreement – Contract Sign-Off

<b>STUDENT:</b> 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)			
E-mail c	omplete application to:			
Sobiga Vyravanathan				
Email: cc.medscience@utoronto.ca				
Pho	one: 416-946-8286			
APPLICATION DEADLINE: T	uesday, February 27, 2024 at 11:59 pm EST			

No late applications will be accepted.