

# **FORM 202 - PART II** **Application for an Undergraduate Student Research Award**

System ID  
*Not required at this time*

Date

In accordance with the *Privacy Act*, this information will be accessible to the student. **Read the instructions before you complete this application.**

Family name of student		Given name		Initial(s) of all given names	
Name and title of proposed supervisor				E-mail of proposed supervisor	
Institution/Organization that will administer the award Carleton University			Department		
Personal identification no. (PIN) (proposed supervisor)			Telephone		Proposed start date
<b>PROPOSED RESEARCH PROJECT</b>					
Title of proposed research project					Research subject code
Outline of proposed research project					
Outline of the student's role					
Expected quality of the training and mentorship to be received					