

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

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

System ID <i>Not required at this time</i>
Date

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
PROPOSED RESEARCH PROJECT		
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		