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	Department
Carleton University	

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