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| SUPERVISOR NAME: | DEPARTMENT: |
| SUPERVISOR EMAIL: | CAMPUS PHONE/EXT: |
| STUDENT APPLICANT NAME: | STUDENT SIGNATURE: |

**Desired length of Student’s research term (select one)**

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| **FULL-TIME PART-TIME**  16 weeks 16 weeks  14 weeks 14 weeks  12 weeks -----------------  10 weeks ----------------- |

**Instructions**

* Determine a research project with your student applicant.
* Fill out this form: Part II – Supervisor Form.
* If applicable, fill out Part II.2 – Budget Spreadsheet to request additional funds for consumables.
* Eligible expenses include consumables/research supplies/costs to conduct the project, and necessary travel to research site if applicable (e.g. special archive or field site).
* Provide the hard copy of Part II – Supervisor Form (and Part II.2 – Budget Spreadsheet, if applicable) to your student applicant prior to the deadline, to be delivered along with Part I to the Scholarship Liaison Officer in the Office of Research & Graduate Studies by February 14, 2020 at 4:00 p.m.
* You may apply to supervise a MAXIMUM OF TWO students in the USRA competition.

**Student Eligibility:**

* The student must be currently enrolled in an undergraduate program at TWU.
* The student must have completed at least one semester of post-secondary studies at the time of the application.
* The student may be in their final semester and hold the award over the summer.
* The student’s GPA must be at least 2.7.

**Proposed Research Project** (Information provided in this section should extend this document to no more than two pages total.)

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| Title of proposed project |
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| Outline of proposed project |
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| Outline of student’s role |
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| Brief statement of the student’s research potential |
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| Outline of the anticipated benefits to the student following their participation in this research project (e.g. What skills and knowledge will the student acquire?) |
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**Budget Justification.** If applicable, complete and attach Part II.2 – Budget Spreadsheet for consumables.

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| PROPOSED SUPERVISOR SIGNATURE: | DATE: |
| DEAN / DEPARTMENT CHAIR SIGNATURE: | DATE: |