

PART I

Application for a
Health Sciences TD Bank Undergraduate Student Research Award
Faculty of Kinesiology, Sport, and Recreation

Submit copies and transcript(s) by email to the Office of the Associate Dean Research,
 Room 3-113, University Hall, ksradr@ualberta.ca, by **Monday, October 28, 2024, at 4:00 pm**.

Personal Data

Family Name		Given Name	Student ID#
ACADEMIC BACKGROUND (including ongoing post-secondary degree)			
Degree	Department	Name of Discipline	Month/Expected Year of Completion
At the time of application, are you attending university?			
Full-Time <input type="checkbox"/>		Part-Time <input type="checkbox"/>	
How many credits will you have completed towards your degree program when this award is held?			
SCHOLARSHIPS AND OTHER AWARDS RECEIVED (starting with most recent)			
Name of Award		Where Received	Period Held (mm/dd/yy)
OTHER INFORMATION			
I am legally entitled to work on campus.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
I am planning to be registered in the Faculty of Kinesiology, Sport, and Recreation in the Winter Term?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Current Address		Permanent Mailing Address (if different)	
If current address is temporary, indicate leaving date		Telephone number at permanent mailing address	
Telephone number at current address		Email address	

The information above is collected under the authority of the Universities Act Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act (FOIPP) for the purposes of promoting the work of the Faculty of Kinesiology, Sport, and Recreation at the University of Alberta.

PART II

Health Sciences TD Bank Undergraduate Student Researcher Award Application Form

Proposed Research Project (to be completed by the supervisor)

Name and Title of Supervisor	Department	
University of Alberta Address	Telephone Number	
	Email	
Title of Research Project	Starting Date	
<p>Briefly describe the specific work that the student will undertake, and the benefits to the student of his/her engagement in the research. Detail how the project connects with your own research and the skills and experience the student will gain from taking part in the project. (MAXIMUM 200 WORDS)</p>		
SIGNATURE		
<p>I hereby certify that I will be supervising this student in the proposed research and development activities during the proposed period of tenure.</p>		
_____	_____	_____
Signature of Supervisor	Name of Supervisor (please print)	Date

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PART III

**Health Sciences TD Bank Undergraduate Student Researcher Award
Application Form**

Proposed Research Project (to be completed by the student)

Outline the Proposed Research Project: Include a description of the research project (MAXIMUM 200 WORDS), how the project connects with your program of study, the expected work to be undertaken and skills/experience to be gained (MAXIMUM 150 WORDS), and how this project is interdisciplinary (MAXIMUM 150 WORDS)

[Empty box for writing the proposed research project details]

SIGNATURE

I hereby acknowledge that the information above is accurate and I agree to abide by the regulations governing this award.

Signature of Student Name of Student (please print) Date

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