BMO Future Green Leader
Undergraduate Student Award 2012

PART I – Personal Information

Surname:	Given Name:	Student Number:
Program	Level	Degree Expected, Year

Number of Courses registered in 11/12 academic year:	Cumulative Average (at end of fall/winter session):
How many courses will you have completed towards your degree program when this award is held:	Are you planning to return to university next year: ☐ Yes ☐ No If yes, you are planning on: ☐ continuing undergraduate ☐ graduate school Where: ☐ Trent University ☐ Other

At the time of the award, I will be a: ☐ Canadian Citizen ☐ Landed Immigrant ☐ Visa Student

Note: International students must provide a hard copy of their proof of work authorization permit

Current Address (include street, city and postal code)

Telephone Number:	Email Address:

PART II – Proposed Research Project (to be completed by student)

Title of Research Project:

Attach an outline of proposed research project, learning objectives, and how they will be met through BMO Future Green Leaders Undergraduate Student Awards Program (500 word maximum)

I hereby grant my permission for the Office of Research to access my academic record for the purpose of confirming my cumulative academic average ☐ Yes ☐ No , *If "NO" student will need to provide an official University transcript with this application.*

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

Name of Student:	Signature:	Date:

PART III – Proposed Research Project (to be completed by supervisor)

Name of Supervisor:	Department:
Email Address:	Telephone and Extension #:

Do you anticipate that this project will require ethical review: ☐ Yes ☐ No

If yes, please indicate the appropriate review board(s): ☐ Animal Care ☐ Research Ethics ☐ Biosafety

I hereby certify that I will be supervising this student in the proposed research and development activities during the proposed period. I also agree to provide $4000.00 in matching funds to support the student from my Tri Council funding.

Name of Supervisor:	Signature:	Date;

Type of Tri Council Grant:	Account Number: