



## MIE Graduate Research Discovery Award Application Form

**Instructions:** After your Final Oral Examination, please submit the following to [david@mie.utoronto.ca](mailto:david@mie.utoronto.ca)

1. Application form with application information section filled out
2. A list of publications
3. An impact statement (one-page) that states the contributions of your research

### Applicant Information:

Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Degree Program: MSc  PhD  Program of Study: Mechanical  Industrial

Start Date of Studies: \_\_\_\_\_ Email: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

	<b>For Graduate Office Only:</b>												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><b>Supervisory Committee Member:</b></td> <td style="width: 50%; text-align: center;"><b>Email:</b></td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	<b>Supervisory Committee Member:</b>	<b>Email:</b>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	<p><b>Recommendation:</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>Grad Office Initial:</b></p> <p><b>Date:</b></p>
<b>Supervisory Committee Member:</b>	<b>Email:</b>												
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<p><b>Department Chair Approval</b></p> <p>Name: _____ Nominate Candidate: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Signature: _____ Date: _____</p>													

[Type text]