MIE Undergraduate Summer Research Award

* This form to be completed by proposed supervisor

STUDENT INFORMATION		
Last name	Given name	01
Last name	Given name	Student number
SUPERVISOR INFORMATION		
SOF ERVISOR IN ORMATION		
Name	Email	Telephone
		'
Remote Research - Please specify Yes or No in the box below		
PROPOSED RESEARCH PROJECT		
Title of proposed research project		
Outline of proposed research project		
Outline of student's role		