UNIVERSITY OF TORONTO DONNELLY CENTRE FOR CELLULAR AND BIOMOLECULAR RESEARCH 2024-25 APPLICATION FORM

NAME OF AWARD APPLIED FOR:	Jennifer Comyn Award
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A. APPLICANT INFORMATION						
First Name:	Last Name:	Initials:				
U of T Student Number:	Email Address:	Telephone:				
Home Address:		Unit/Apt.:				
City:	Province:	Postal Code:				

B. APPLICANT GRADUATE PROGRAM (at time of tenure of award)

U OF T Graduate Department:				
Graduate Coordinator Name:	Email Address:			
Degree Program:				
☐ Masters ☐ PhD	Year of Study:			
Location of Research (University Bldg, Hospital Research Institute name, or off campus location) The Donnelly Centre				
Are you enrolled in a clinician-scientist trainee program?				
YES I NO If yes, indicate your U of T Clinical Department:				

C. APPLICATION ATTACHMENTS				
Research and Experience Attach a CV (maximum 2 pages) detailing: research project and interests (100 – 250 words); publications; presentations; awards and research experience.	U YES			
Letter of Recommendation Letter of recommendation from supervisor requested; supervisor must send letter directly via email to <u>ccbr.info@utoronto.ca</u> and include name of applicant in the subject line	🗌 YES			

D. DECLARATION

I hereby declare that all information given on this application is true and complete in every respect. I understand that I may be required to repay all or part of the award if the information is found to be inaccurate for any reason.			
Student Name (printed)	Signature	Date	
Supervisor Name (printed)	Signature	Date	

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