

Deadline: March 15th by 4:30 p.m.

Remote Research Student Fund Application Form

Family Name		Given name and initial(s)		Date		
ACADEMIC BA	CKGROUND					
Degree	Name of Program	Institution		Department	Name of Supervisor	
Undergraduate						
Graduate						
At the time of application, are you attending university? Full time Part time			Have you applied for this award in the past? Yes No			
How many credi	it hours will you have co	mpleted towards your	degree wher	n this award is held?		
SCHOLARSHIP	S AND OTHER AWAR	DS RECEIVED (start	with most r	ecent)		
Name of Award		Location of Tenure		Period held (mm/yy - mm/yy)		
OTHER INFORMATION						
Current address			Permanent mailing address (if different than current)			
If current address is temporary, indicate leaving date			Telephone number at permanent mailing address			
Telephone number at current address			E-mail address			
Name of proposed faculty supervisor			Proposed start date / Proposed end date			

tion of the location that the research will take place a ctives/goals, and methods used. Applicants are also ted funds.					
Applicants are welcome to consider equity, diversity, and inclusion principles (see NSERC guide on integrating EDI into research).					
ves, why this research is important to them, ies more generally. Applicants are welcome					
age)					
w their project will contribute to the remote nunities that may benefit from the research					
ture of Supervising Faculty					
r signature below will be interpreted as committees OR that the process will be					
plicable					
•					

No research funds will be released until appropriate ethics vetting has been completed.

Please submit your *completed* application with all attachments via email to: researchoffice@uwinnipeg.ca