## Part 1: Applicant Information Form

# Fall 2026 Graduate Student Traineeship

| | |
|---|---|
| **Name of Applicant** | |
| **Student Number** | |
| **Department** | |
| **Faculty** | |
| **Degree Program** | |
| **Year Started** (Proof of enrolment required if awarded) | |
| **Thesis Project Title** | |
| **Email** | |
| **Phone Number** | |
| **Name of Supervisor** | |
| **Email of Supervisor** | |

I hereby confirm that all the information above and in the attached documentation is accurate:

_____

(Applicant's Signature)

Primary Supervisor (print):

Department:

Faculty:

I have read and support this application:

_____

(Supervisor's Signature)