



FORM 202

**Application for an Undergraduate Student Research Award PART II.
Proposed Location of Tenure and Research Project
To be completed by the proposed supervisor**



Date

In accordance with the *Privacy Act*, this information will be accessible to the student. **Read the accompanying instructions before you complete this application.**

Type of award : <input type="checkbox"/> University <input type="checkbox"/> Industry		Proposed starting date of award (yy/mm/dd)	
Family name of student/Reference No.		Given name	Initial(s) of all given names
Name and title of proposed supervisor		E-mail of proposed supervisor	
Proposed university/organization of tenure		Department	
Address at location of tenure		Telephone	
		Fax	

PROPOSED RESEARCH PROJECT

Title of proposed research project	Research subject code
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Outline of proposed research project including a description of the student's role

FOR UNIVERSITY APPLICANT

Grant application no. (proposed supervisor)	Personal identification no. (PIN) (proposed supervisor)
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FOR INDUSTRY APPLICANT

Organization contact name (if different from proposed supervisor)	Organization contact e-mail
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SIGNATURE

I hereby certify that the student will participate in research and development activities in the natural sciences or engineering during the proposed period of tenure.

Signature of proposed supervisor

Printed name and signature
Head of department (university)/Director of research (company)