UNIVERSITY OF TORONTO
FACULTY OF MEDICINE

Office of Integrated Medical Education (OIME)
Faculty of Medicine, University of Toronto
Educational Information Technology Summer Student Program Award

Application Form 2014

A. TO BE COMPLETED BY SUPERVISOR

Name of Supervisor: _____

Department of Primary Appointment: _____

Mailing Address: _____

Office Phone Number: _____

Location for conduct of summer project: _____

Title of Student's Research Project:

_____

Briefly describe the proposed educational software project in terms of:

1) the scope and feasibility

2) the intended audience

3) the potential impact in improving the current educational program

4) integration with current teaching program

5) planned evaluation process.

Please keep the proposal to one page maximum. Attach additional support information as needed, such as, screen shots, references, etc.

Description of proposed educational software project:

B. General Information: To be completed by student

(Please complete if you have a specific student in mind already. Otherwise, we will help you match with a suitable student/student team)

Name: _____
        Last   *First*

Home Address: _____

City: _____   Postal Code _____

Home Phone Number: _____   Email: _____

C. Academic History: To be completed by student

Medical school or undergraduate university program in which you are **currently** enrolled:

University: _____

Department: _____

Discipline of study: _____

Year you began this program: _____

Expected completion date: _____
                                  Month   *Year*

Expected degree: _____

Are you legally entitled to work in Canada?   Yes ☐   No ☐

D. Certified Acceptance:

It is understood and agreed by the undersigned that any award received as a result of this application is subject to the following terms:

a) the statements contained within this application are true and complete to the best of your knowledge;
b) all reports of investigations supported by this award shall explicitly acknowledge the support provided by the Office of Integrated Medical Education, University of Toronto;
c) candidate will attend and present their research project at the weekly seminar series;
d) you are enrolled as a full-time student at the University of Toronto in an EIT-related program or a full-time student at UOIT;
e) you will participate in the project on a full-time basis between June 15, 2014 and August 29, 2014;
f) you will not hold the EIT Educational Information Technology summer student award simultaneously with any other summer student award or work.

Student: _____   _____   _____
              Print Name   *Signature*   *Date*

Supervisor: _____   _____   _____
               Print Name   *Signature*   *Date*

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