

## Quick-reference check-list for summer student application form

Please find below a checking system to ensure that all the criteria is met on the application form before submitting to the Office of Integrated Medical Education, Faculty of Medicine, University of Toronto

### To be completed by supervisor:

- Name of Supervisor – department – mailing address – phone - email
- Title of student's research project
- Description of project
- Location for conduct of summer project - Department/Wing/Room No.

### To be completed by student:

- Name of student – address – phone - email
- Academic Background (medical school or undergraduate program currently enrolled)

- Ensure that application is signed by both supervisor and student (if student is identified).**
- All applications must be typed.**

### Deliver applications by email only to:

Maria Wowk

Project Assistant, Office of Integrated Medical Education

Faculty of Medicine, University of Toronto

500 University Avenue, 5<sup>th</sup> Floor, Toronto, Ontario M5G 1V7

E-mail: [maria.wowk@utoronto.ca](mailto:maria.wowk@utoronto.ca)

### If you have any questions please contact:

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