

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

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If you have any questions please contact:

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