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| **Applicant Information** |
| Name |
| Contact Address |
| Email Phone |
| Citizenship: Canadian Permanent Resident Other (Specify Country): |
| **Academic Institutional Information** |
| Name, Department, Address |
| Degree Program and Date of Acceptance into Undergraduate or MA Program |
| Project Title |
| Research Ethics Certificate Required? Yes No Original Certificate Attached |
| Supervisor (Name, Department, Institution) |
| Semester Summer 2023 Fall 2023 Winter 2024 |
| **Signatures** |
| Applicant Date |
| Supervisor Date |
| University (see below) Date |
| The application must be signed by the designated representative of the administering institution. In signing this application, the applicant and administering institution agree to abide by the AMS Terms and Conditions as outlined in the Guidelines. |
| **Contact Information for the designated representative of the university administration** |
| Name |
| Title |
| Complete Mailing Address |
| Phone Number |