

**NSERC-CREATE
Complex Dynamics
Application for an Undergraduate CD-CREATE Award**

Part I. Personal Data

To be completed by student

Instructions for submission: Applicants please complete and submit both pages of this form-fillable application to: dynamics.create@gmail.com by March 15, 2018. Signatures can be completed electronically or by hand.

Family name of student		Given name		Initials of all given names
ACADEMIC BACKGROUND (including ongoing postsecondary degree)				
Degree	Name of discipline	Institution	Department	Month and year of expected degree completion
At the time of application, are you attending university: Full time Part time		How many academic terms will you have completed towards your current degree program when this award is held? _____	How many USRAs have you held in the past? _____	
SCHOLARSHIPS AND OTHER AWARDS RECEIVED (start with the most recent and include NSERC awards)				
Name of Award		Location of Tenure		Period held (mo/yy – mo/yy)
CITIZENSHIP				
Canadian citizen		Permanent resident of Canada		Other (indicate country) _____
OTHER INFORMATION (Optional information. Refer to the Access to Information Act and the Privacy Act)				
Gender: Male Female		Designated group: Aboriginal Visible Minorities		
CONTACT INFORMATION				
Current address		Permanent mailing address (if different from Current address)		
If current address is temporary, indicate leaving date		Telephone number at permanent mailing address		
Telephone number at current address		Email address		
SIGNATURE				
I hereby agree to participate in the CD-CREATE network's research and professional development activities and to abide by NSERC regulations governing awards, as described in the NSERC <i>Program Guide for Students and Fellows</i>				
_____				_____
Signature of applicant				Date (mo/dd/yy)

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Part II. Project Summary
To be completed by student and supervisor

Applicant and supervisor must complete and sign this page, and email it to: dynamics.create@gmail.com by March 15, 2018. Signatures can be completed electronically or by hand.

Family name of student	Given name	Initials of all given names
Name and title of proposed supervisor		E-mail of proposed supervisor
Proposed university/organization of tenure	Department	Proposed Start Date (mo/dd/yy)
Address at location of project	Telephone	
	Fax	
PROPOSED RESEARCH PROJECT		
Title of proposed research project		
Outline of proposed research project, emphasizing tie to grant themes, and including a description of the student's role		
SUPERVISOR INFORMATION		
Amount pledged by supervisor (\$1125 minimum)	Source of funding and Grant number (proposed supervisor)	
SIGNATURE		
I hereby agree to abide by NSERC regulations governing awards, as described in the NSERC <i>Program Guide for Students and Fellows</i>		Supervisor agrees to give short tutorial at trainee workshop within a year of receiving funds
_____ Signature of proposed supervisor	_____ Date (mo/dd/yy)	_____ Signature of applicant
		_____ Date (mo/dd/yy)