DALLA LANA SCHOOL OF PUBLIC HEALTH PUBLIC HEALTH SCIENCES

AWARD APPLICATION FORM

NAME OF AWARD							
AWARD YEAR							
A. APPLICANT INFORMATION							
First Name:	Last Name:				Initials:		
U of T Student Number:	Email Address:		Telephone:				
Home Address:	Un			Unit/Apt	nit/Apt.:		
City:	Province: Postal (stal Code:	Code:			
Citizen Status: Canadian Permanent Resident of Canada Other							
Education:							
Degree: University: Year Degree Awarded:					arded:		
Degree: University: Year Degree Awarded:					arded:		
Degree: University: Year Degree			Degree Aw	arded:			
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B. APPLICANT GRADUATE PROGRAM (at time of tenure of award)							
Degree Program: MHI MHSc	МРН	☐ MSc ☐ MSc	сн [PhD			
Field of Study:							
Year of Study During Tenure of Award: Full Time Part Time							

C. APPLICATION ATTACHMENTS						
One page Plan of Study/Statement of	Interest		☐ YES			
Curriculum Vitae			☐ YES			
Two Letters of Recommendation One recommendation letter from your PhD supervisor						
University-level Transcripts Not required. Transcripts will be provided by the Graduate Office and added to your application.						
D. DECLARATION						
I hereby declare that all information given on this application is true and complete in every respect. I understand that I may be required to repay all or part of the award if the information is found to be inaccurate for any reason.						
Student Name (printed)	Signature	 Date				
PhD Supervisor / Program Director Name (printed)	Signature	Date				

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