

**NSERC-CREATE**  
**Auditory Cognitive Neuroscience**  
**Application for an Undergraduate CAN-Encounter Award**

**Part I. Personal Data: To be completed by student**

Please type responses into the form. Then print, SIGN, DATE, scan and email to: acn.create@gmail.com

Family name of student		Given name		Initials of all given names
<b>ACADEMIC BACKGROUND (including ongoing postsecondary degree)</b>				
Degree	Name of discipline	Institution	Department	Year and month of expected degree completion
At the time of application, are you attending university: Full time <input type="checkbox"/> Part time <input type="checkbox"/>		How many academic terms will you have completed towards your current degree program when this award is held?		
<b>SCHOLARSHIPS AND OTHER AWARDS RECEIVED (start with the most recent and include NSERC awards)</b>				
Name of Award		Location of Tenure		Period held (yy/mm – yy/mm)
<b>CITIZENSHIP</b>				
Canadian citizen <input type="checkbox"/>		Permanent resident of Canada <input type="checkbox"/>		Other (indicate country) <input type="checkbox"/>
<b>OTHER INFORMATION (Optional information. Refer to the Access to Information Act and the Privacy Act)</b>				
Gender:    Male <input type="checkbox"/> Female <input type="checkbox"/>			Designated group:            Aboriginal <input type="checkbox"/>	
<b>CONTACT INFORMATION</b>				
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	
<b>SIGNATURE</b>				
I hereby agree to abide by NSERC regulations governing awards, as described in the NSERC <i>Program Guide for Students and Fellows</i>				
_____				
Signature of applicant and date				

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

Please type responses into the form. Then print, SIGN, DATE, scan and email to: [acn.create@gmail.com](mailto:acn.create@gmail.com)

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	Telephone
<b>PROPOSED RESEARCH PROJECT</b>		
Title of proposed research project		
Outline of proposed research project including a description of the student's role		
<b>SUPERVISOR INFORMATION</b>		
Source of funding (supervisor pledges \$1125)	Grant number (proposed supervisor)	
<b>SIGNATURE</b>		
I hereby agree to abide by NSERC regulations governing awards, as described in the NSERC <i>Program Guide for Students and Fellows</i>		
_____	_____	
Signature of proposed supervisor and date	Signature of applicant and date	