

**Dean’s Research Award**

**Supervisor’s Signature Form**

Please fill out the following form and submit it along with a copy of your DRA Application and transcripts to the 9th floor reception desk in DICE.

*Note: We are asking that you provide your Social Insurance Number for payment information. Due to privacy regulations, this can’t be submitted via Google Forms.*

Name of Student:

Student SIN:

Title of Project:

Supervisor Name:

Supervisor Signature:

Date:

By signing this you are confirming to accept this DRA Applicant as outlined in the application that the student submitted electronically.