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| **2024 AVC Veterinary Student Research Award (VetSRA).****Application Form - Part 2 (Supervisor Completes)** |
| Please type the information below (not to be handwritten) |
| **NAME OF STUDENT:** |
|       |
| **SUPERVISOR NAME:** | **DEPARTMENT:** |
|       |       |
| **TENURE / TENURE-TRACK (YES / NO):** | **TELPHONE NUMBER:** |
|       |       |
| **EMAIL ADDRESS:** |
|       |
| **PROPOSED RESEARCH PROJECT:** |  |
| **Title of proposed research project** |
|       |
| **Outline of proposed research project (Min. 1000 characters; max. 1800 characters)** |
|       |
| **Research operating costs: AMOUNT: $**      |  |  |
| Place an “x” in box |       | Yes (confirmed) |       | Yes (pending - outline plans on separate page) |       | No |
|  |  |  |  |  |  |  |
| **Outline the student’s role (Briefly describe the student’s role in the research. max. 500 characters).**  |
|       |
| **Expected quality of the training to be received. (Briefly describe the training environment to be provided to the student and provide assurance that a student poster will be produced. max. 500 characters).**  |
|       |
|  **COMMITMENT OF RESEARCH RESOURCES:** |
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| **Ex. AVC VetSRA Financial Breakdown** |
| **Weeks** | **12 weeks** | **13 weeks** (paid on week 14) | **14 weeks** | **15 weeks** (paid on week 16) | **16 weeks** |
| **Installments** | **6 installments** | **7 installments** | **7 installments** | **8 installments** | **8 installments** |
| AVC Portion  | $5,000.00 | $5,000.00 | $5,000.00 | $5,000.00 | $5,000.00 |
| Supervisor Portion (mínimum) | **$2,000.00** | **$2,853.34** | **$3,166.67** | **$3,750.02** | **$4,333.36** |
| **Total Funding to Student** | **$7,000.00** | **$7,853.34** | **$8,166.67** | **$8,750.02** | **$9,333.36** |
| Biweekly Stipend Received | $1,166.67 | $1,121.91 | $1,166.67 | $1,093.75 | $1,166.67 |

After 12 weeks it is the supervisor’s responsibility to pay the full stipend. These additional funds must be transferred to the AVC VetSRA account. Stipend payments must be paid out in equal biweekly installments. |
| **Number of Weeks****(minimum 12 weeks)** | **Supervisor Portion: Funding top-up amount (minimum 12 weeks = $2,000.00)****(13 weeks = $2,853.34; 14 weeks = $3,166.67; 15 weeks = $3,750.02; 16 weeks = $4,333.36)** |
|       | $      |
| ***To find your GL and account number: Go to myUPEI, click Financial Information, scroll down to View Budget /Projects, click Budgets to Actual, in My Cost Centers you should be able to find your GL and account number.*** |
| **GL number for top-up (11 digits 60-2-00-xxxxxx)** | **Account Number for top-up (6 digits Axxxxxx)** |
|       |       |
| **Student Start Date with Supervisor** | **Student End date with Supervisor** |
|       |       |
| **Will your student require Biosafety training? Please indicate yes or no in box.** |       |
| **Please acknowledge by placing an “x” in the box that you agree to meet once a week or more often as needed with your student to provide guidance, and provide resources necessary for a positive summer student research experience.** |       |

**Submit to:** Sherri Pineau - AVC Graduate Studies and Research, Room 2309 (email: scpineau@upei.ca)

**Deadline:** Monday, January 29, 2024, at 12:00 p.m.