



Institute of Biomaterials & Biomedical Engineering UNIVERSITY OF TORONTO

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2016-17 Supervisor / Student Agreement (PLEASE PRINT LEGIBLY)

To be completed by the primary Institute supervisor and signed by the supervisor and student. If a similar document has already been completed and signed by the supervisor and a collaborative student within the student's home department, please **DO NOT** complete this agreement. Instead, provide a **COPY** of the home department's agreement as it is required for the file at the Institute.

STUDENT INFORMATION:

Name: Arushri Swarup Student Number: 998866071

Program Start Date: 06-Sep-2016 Location of Research: SickKids 7142

RESEARCH SUPERVISION:

I, ADRIAN JAKUB, agree to supervise ARUSHRI SWARUP
(Supervisor's Name) (Student's Name)

who has been accepted at the Institute of Biomaterials & Biomedical Engineering for:

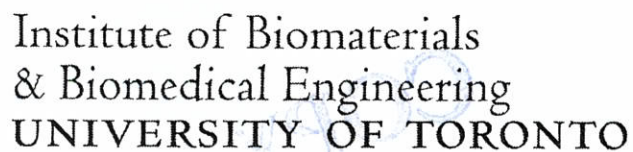
- ☒ M.A.Sc. in Biomedical Engineering
☐ M.H.Sc. in Biomedical Engineering
☐ Ph.D. in Biomedical Engineering
☐ Collaborative Program in Biomedical Engineering through the Department of

STIPEND*

I also acknowledge that this student will receive a stipend from the following sources:

Assistantship	Award / Fund Name	Fund Number	Amount
External Student Award:		N/A	\$ <u>17492.00</u>
Supervisor's Research Grant:			\$ <u>15000.00</u>
IBBME Fellowship:			\$ <u>6000.00</u>
IBBME Top-up ¹			\$ <u>6000.00</u>
Hospital Awards:		N/A	\$ <u>—</u>
Other Awards:		N/A	\$ <u>—</u>
Total Stipend:			\$ <u>—</u>

¹ See Basic Minimum Funding table for a list of awards

☐ IBBME

☒ Other: DEPT OF ORL-HNS, VORT

**The stipend will be renewed subject to the student's satisfactory progress in the graduate program and availability of funding. In accepting a student, a supervisor commits to ensuring to the best of her/his ability that funds are/will be available to support the student for the duration of their program up to two years for a MASc student and four years for a PhD student. See Appendix B*

I have read the Statement of Agreement, and I agree to abide by its terms and provisions.

Arushii Swarup.
Signature of Student

Signature of Supervisor ASRIAN JAMES

IBBME Approval:

Signature of Graduate Coordinator/Director of IBBME