

DIRECTOR'S INNOVATION AWARD 2016

Please complete this form and submit electronically. Your application should also include the following:

- 1. One page Research Proposal (complete separately and attach to application)
- 2. One Page Research Training Environment Statement that outlines student's role in project, highlights resources and programs that will be made available to the student, including funding information (complete separately and attach to application)

Terms of reference for the Award are included at the end of this application form.

STUDENT INFORMATION

NAME: Arushri Swarup STUDENT NUMBER: 998866071

PROGRAM START DATE: September 1, 2016 EMAIL ADDRESS:

arushri.swarup@mail.utoronto.ca

MAILING ADDRESS: 58 Northforest Trail, Kitchener, ON, N2N 2Z1

CITIZENSHIP: Canadian

PROJECT INFORMATION

PROJECT TITLE: Development of Surgical Instruments for Endoscopic Ear Surgery

SUPERVISORY INFORMATION

CO-SUPERVISOR #1 CO-SUPERVISOR #2

NAME: Dr. Adrian Lewis James NAME: Dr. Jan Andrysek

PRIMARY AFFILIATION: SickKids PRIMARY AFFILIATION: IBBME

RESEARCH THEME: ENT Surgeon RESEARCH THEME: Engineering in a Clinical Setting

FUND #: Click here to enter text. FUND #: Click here to enter text.

Signature Signat