



David R. Cheriton School
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Faculty of Mathematics

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Undergraduate Research Assistantships (URA) Application Form

Supervisor:

Email:

Student:

Student ID:

Email:

SIN Yes or No?

SIN Expiry Date:

(if begins with 9) mm/dd/yy

Local Address:

Permanent
Address:

Project Information:

Supervisor's Expectations of the Student:

Account Number (Supervisor to complete):

Workorder

Activity

Amount (Supervisor to complete):

Signature of Supervisor

Signature of Student

Date:

Term:

Please EMAIL completed form to sholdom@uwaterloo.ca

Office use only

School top-up (\$400 or n/a)