

USRA Faculty Supervisor Form 2025-26

Faculty Supervisor Name:

Student Name:

Department:

Date:

USRA Student applicant (full name):

1. Please indicate which funding program applying to (NSERC/SSHRC/CIHR):
2. Please confirm you can supervise the student for 16 weeks.
3. Confirm you have **external** grant funding to provide the required USRA supplement of at least \$3744.00 to meet minimum wage requirements. State the funding source.
4. How did you advertise for a USRA student to work with you? (E.g. Announced in classes, emailed students in classes)
5. In a short paragraph, please describe how this student meets the NSERC USRA criteria for the award based on the criteria attached. Specifically, what previous research/work experience and academic training do they have that supports this award?

Faculty Supervisor Signature

Date