

David R. Cheriton School of Computer Science

Faculty of Mathematics

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Undergraduate Research Assistantships (URA) Application Form

Supervisor:		
Email:		
Student:		Student ID:
Email:		
Do you have a SIN? Yes / No	SIN Expiry Date: (if begins with 9) mm/dd/	
Local Address:	Permanent Address:	
Project Information:		
Supervisor's Expectations of the Student:		
Account Number (Supervisor to complete):	Amount (S	upervisor to complete):
Workorder Activity Signature of Supervisor	Signatuı	re of Student
Date:	Term:	
Please EMAIL completed form to drhuab@uwa	aterloo.ca	Office use only School top-up (\$400 or n/a)