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| Student Name: | Student #: | Supervisor: |
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| Course Components | Due Date | % of Final Mark |
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PROJECT DESCRIPTION

**This contract must be signed and submitted to undergrad.csb@utoronto.ca by August 22, 2025.
E-signatures are acceptable.**

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| Student Name: | Student Number: |
| Email Address (utoronto address only): | Phone Number: |
| Student's Signature: | Date: |

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| Supervisor's Name: | Email: |
| Supervisor's Signature: | Date: |
| Co-supervisor's Name: | Email: |
| Co-supervisor's Signature: | Date: |

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|------------------------|-------|
| Departmental Approval: | Date: |
|------------------------|-------|

If at any time you feel that any aspect of this contract is not being fulfilled, please contact the Associate Chair, Undergraduate.