

PROJECT DESCRIPTION

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This contract must be signed and submitted to undergrad.csb@utoronto.ca by August 21, 2026. E-signatures are acceptable.

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

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

Departmental Approval:	Date:
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If at any time you feel that any aspect of this contract is not being fulfilled, please contact the Associate Chair, Undergraduate: undergradchair.csb@utoronto.ca.