

British Columbia Graduate Scholarship (BCGS)

Applicant Information						
Full Name:				Date:		
	Last	First		M.I.		
Address:						
	Street Address				Apartment/Unit #	
				2 <i>i i</i>	7/2 0 /	
	City			State	ZIP Code	
UBC studen	t number (if applica	ble):	Phone:	Email <u>:</u>		
Degree prog Masters, Do			Field of study/Department:			
Citizenship:		Canadian citizen	Permane	ent resident of Canada	☐ Others	
How many r	months have you	completed by Decembe	er 31 of the year of ap	plication:		
	Academic E	Background (Includ	e only current and	l past degree prog	jrams)	
Degree:			Name of discipl	ine:		
Department	, institution and co	ountry:				
Month and year started:			Month and year awarded/expected:			
Degree:		N	lame of discipline:			
Department	, institution and co	untra a				
Month and year started:			Month and year awarded/expected:			
Degree:		N	lame of discipline:			
Department	, institution and co	ountry:				
Month and y	/ear started:		Month and year aw	varded/expected:		



References

4/15/2024

Please list three academic references.

Full Name:	Title of position:	
Organization:	Department:	
Email Address:		
Full Name:	Title of position:	
Organization:	Department:	
Email Address:		

Academic, Research and Other Relevant Work Experience

Position held and nature of work (begin with current) Full Time – Part Time	Organization and department	Supervisor	Period (mm/yyyy- mm/yyyy)

Title of proposed research :

List ten (10) key words that describe your proposed research :

Scholarships And Other Awards Offered (start with most recent and include NSERC awards)

Name of Award	Value (CDN\$)	Level (Institutional, Provincial, National, International)	Type (Academic, Research, Leadership, Communication)	Location of tenure	Period (mm/yyyy- mm/yyyy)



					4/15/2024

Thesis Completed or In Progress

1. Degree:	Supervisor:	Date degree requirements completed (mm/yyyy):
Title of thesis:		
2. Degree	Supervisor	Date degree requirements completed (mm/yyyy):
Title of thesis:		

Summary of Thesis Most Recently Completed or In Progress

Do not reproduce abstract of thesis.



4/15/2024

Outline of Proposed Research: Virtual Machine Tool Assisted Machining

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application may result in disqualification.

Signature:

Date: