

Signature (electronic or hand-written)

Izaak Walton Killam/Grant Notley Memorial Postdoctoral Fellowship Acceptance/Decline Form

FACULTY OF GRADUATE STUDIES AND RESEARCH KILLAM CENTRE FOR ADVANCED STUDIES 2-29 TRIFFO HALL Phone: 780.492.9460 Fax: 780.492.0692 grad.awards@ualberta.ca www.ualberta.ca/graduate-studies

Prefix	Last Name (Surname)			First (Given) Name & Middle Initial (if applicable)	
Address (Street/Apt, City, Province/State, Postal/Zip Code)				Country	
Email Address Da		Date of Birt	h (MM/DD/YYYY)	Canadian Citizenship Status	
UofA Department or non-departmentalized Faculty			UofA Faculty		
Other – UofA Re	search Institute/Centre				
Name of UofA Supervisor			Name of UofA Co-Supervisor (if applicable)		
Decline:					
I decline the Killam PD Fellowship Reason: I decline the Notley PD Fellowship					
	*				
I have accepted another award: Name of award(s) and value of each: Institution:					
I have decided to attend another institution: Name of other Institution:					
I have accepted employment as:					
Other (please	e specify):				
Signature (electronic or hand-written)				Date (MM/DD/YYYY):	
Acceptance:					
I accept the Killam PD Fellowship		С	Commencement Date:		
I accept the Notley PD Fellowship		R	Research Allowance (not renewable):		
I accept the Killam/Notley PD Fellowship as Honorary		orary	I agree to the Research Allowance Guidelines and will be responsible of claiming expenses		
Other Awards	that will be held concurrently with this	Fellowship:			
Name of Award(s)		Value		Start and End Dates	
Provide the fo	llowing to <u>grad.awards@ualberta.ca</u> a	s part of the	e acceptance:		
 Copy of your doctoral degree certificate, or written confirmation from the Graduate School or Registrar of your university that you have met all the degree requirements and that your doctoral degree is forthcoming Up-to-date CV Copy of Work Permit (if applicable) Killam only: Brief description of your research (up to 100 words max) 					
comply with these recertify that the partie	egulations at any time, I must notify the Faculty of	f Graduate Stud and complete i	lies (FGSR) in writing a in all respects and that	and conditions of the award. I understand that if I am unable to nd that my award will be terminated according to the regulations. I no information has been withheld. I authorize FGSR to report my arious public relations publications.	

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Date (MM/DD/YYYY):