

## Izaak Walton Killam & Grant Notley Memorial Postdoctoral Fellowships: Department Nomination 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

<b>FELLOWSHIP CATEGORY:</b> The maximum is one nomination per category. One applicant may be nominated for more than one category, if eligible (ex. Killam, Notley, or Killam + Notley). Select all categories to which the applicant is being nominated for.					
Departments may recommend applicants who-self identify as Indigenous or Black above the nomination quota. The self-identification <b>MUST</b> be declared by the applicant on the Izaak Walton Killam & Grant Notley Memorial Postdoctoral Fellowships Application Form. Nominations submitted above the quota without the applicants' self-declaration will not be accepted.					
Grant Notley Fellowship  *Available only for research in politics, history, economy, society, or related fields, of Canada, with preference given to research of Western Canada		Izaak Walton Killam Fellowship			
<b>NUMBER OF APPLICATIONS RECEIVED AT DEPARTMENT FOR EACH CATEGORY:</b> required, please do not leave blank; enter '0' or N/A if none received					
Notley Fellowship		Killam Fellowship			
of A ID (if applicable)		Firs	t (Given) Name	Middle Name (if applicable)	
Department or non-departmentalized Faculty Fa					
Name of Proposed Supervisor (NOTE: if also the Department Chair, another delegate must sign as the Chair)  Proposed Supervisor's email					
Name of Proposed Co-Supervisor (If applicable)			Proposed Co-Supervisor's email (If applicable)		
Proposed start date of postdoctoral applicant's appointment at the University of Alberta (MMM/DD/YYYY):					
Attach all Required Document Attachments in the same order to complete the nomination:					
1) Signed Department Nomination Form 2) Letter of Support from Department Chair/Unit Head  3) Completed Postdoctoral Fellowship Application form and all required - Research Project Proposal - Statement of Research Experience - Statement of Community Engagement - Applicant CV - Copy of PhD, PhD-equivalent or health degree (or letter confirming degree require been met)  - Supervisor Letter of Support (cannot a - Supervisor Biosketch form and 4 page include this specific form)				all required attachments): erience ngagement  nt or health professional gree requirements will be/have  rt (cannot also be a reference) and 4 pages max (must	
4) Three Signed Letters of Appraisal (sent directly to Department by referee)					
Department Contact	Department Contact Signature			Date (MMM/DD/YYY)	
Name of Department Chair/Delegate	Department Chair/Delega written)	partment Chair/Delegate Signature (electronic or hand- gen)  Date (MMM/DD/YYY)			

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