

## Tri-Agency Doctoral/Postdoctoral Awards Progress Report

FACULTY OF GRADUATE & POSTDOCTORAL STUDIES KILLAM CENTRE FOR ADVANCED STUDIES 2-29 TRIFFO HALL

TO BE COMPLETED BY STUDENT/POSTDOCTORAL:

Phone: 780.492.3499 Fax: 780.492.0692 www.ualberta.ca/graduate-studies

**Doctoral:** Students holding a renewable Tri-Agency doctoral award (CIHR/NSERC/SSHRC/Vanier) are required to complete this form. This form <u>must</u> be uploaded to the GSMS Awards Portal **at least 4 weeks before the renewal year**. Instructions on how to renew an award in GSMS Awards Portal is available on GPS's <u>website</u> under Award Resources\Student Resources.

**Postdoctoral:** Researchers holding a renewable Banting/CIHR Postdoctoral Fellowship are required to complete this form to confirm their continued eligibility. Researchers holding a NSERC/SSHRC are to complete the applicable Annual Progress Report available in the <a href="mailto:Tri-Agency Research Training Award Holder's Guide">Tri-Agency Research Training Award Holder's Guide</a>. This form and the Annual Progress Reports are to be emailed to <a href="mailto:grad.awards@ualberta.ca">grad.awards@ualberta.ca</a> at least 6 weeks before the renewal year.

UofA ID	Last Name			First Name		
Department (or Faculty of non-departmentalized)		Name of Current Supervisor			Renewal Start Date (MM/YYYY)	
Tri-Agency Award:						
Indicate all others scholarships, awards, assistantship funds that you have been offered during the renewal of this award.						
Award			Value Star		rt Date End Date	
Declaration: I agree to comply with the terms and conditions of this award as stated in the letter of offer, and as described in the appropriate Tri-Agency Research Training Award Holder's Guide. I understand that if I am unable to comply with these regulations at any time, I must notify the Faculty of Graduate & Postdoctoral Studies (GPS) in writing and that my award will be terminated according to the regulations outlined in the Guide. I understand that it is my responsibility to notify GPS when I successfully complete my doctoral program or postdoctoral research. I certify that the particulars furnished on this Progress Report form are true and complete in all respects and that no information has been withheld.						
Student/Postdoctoral Signature					Date (MM/DD/YYYY)	
TO BE COMPLETED BY DEPARTMENT:						
Student/Postdoctoral progress is: O Satisfactory O Unsatisfactory						
Comments, if any:						
<b>Doctoral/Postdoctoral:</b> Graduate Coordinator/Department Chair (or delegate)		or Signat	Signature (electronic or hand-written)		Date (MM/DD/YYYY)	
Postdoctoral Only: Supervisor		Signa	gnature (electronic or hand-written)		Date (MM/DD/YYYY)	
*This form can be electronically	signed, or signed and scanne	d.				

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