

Vanier Canada Graduate Scholarship Preliminary Ranking Form

FACULTY OF GRADUATE STUDIES AND RESEARCH KILLAM CENTRE FOR ADVANCED STUDIES 2-29 TRIFFO HALL

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

al Number of appl	cations reviewed by the department for th	e current competition		
Please list the name(s) of your nominee(s) in rank order.				
Rank	Surname	Given Names (in full)	ID Number	

Department Declaration:

By signing this form, I confirm that:

- 1. I have reviewed the listed applicants' Vanier Preliminary Assessment Package(s).
- 2. I am aware, regarding applicants that are selected to complete a full Vanier application, that I will be required to review the full application package and provide a Department Nomination Letter based on the guidelines set by Vanier.

Name of Graduate Coordinator/Department Chair	Signature (electronic or hand-written)	Date (MMM/DD/YYYY)

*This form can be electronically signed, or signed and scanned, and emailed to grad.awards@ualberta.ca from your UofA email account.