

FACULTY OF GRADUATE AND POSTDOCTORAL STUDIES
 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

TO BE COMPLETED BY POSTDOCTORAL:				
UofA ID (if applicable)	Prefix	Last Name (Surname)	First (Given) Name	Middle Name (if applicable)
Address (Street/Apt, City, Province/State, Postal/Zip Code)			Country	Canadian Citizenship Status
Email Address		AB Innovates Postdoctoral Fellowship		
UofA Department or non-departmentalized Faculty			UofA Faculty	
Other – UofA Research Institute/Centre				
Name of UofA Supervisor			Name of UofA Co-Supervisor (if applicable)	

Decline: I decline the AB Innovates Postdoctoral Fellowship	
Reason:	
I have accepted another award: <i>Name of award(s) and value of each:</i>	
<i>Institution:</i>	
I have decided to attend another institution: <i>Name of other Institution:</i>	
I have accepted employment as:	
Other (please specify):	
Applicant Signature (electronic or hand-written)	Date (MM/DD/YYYY):

Acceptance: I accept the AB Innovates Postdoctoral Fellowship & confirm my status as a full-time researcher. Degree requirements must be met prior to commencement date.	Commencement Date:		
Other Awards that will be held concurrently with this Fellowship:			
Name of Award(s)	Value	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)

Provide the following to grad.awards@ualberta.ca as part of the acceptance:

- Up to date CV
- Work Permit (if applicable/available)
- Copy of Appointment Letter (newly appointed/current PDF's only)
- If not available at the time of application: 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. ***If written confirmation of your degree requirements is provided, you must provide a copy of the degree certificate once available following the conferral date***

ACCEPTANCE DECLARATION: I accept the above award offered to me and agree to comply with the terms and conditions of the fellowship. I understand that if I am unable to comply with these regulations at any time, I must notify the Faculty of Graduate Studies (FGSR) in writing and that my award will be terminated according to the regulations. I certify that the particulars furnished on this acceptance form are true and complete in all respects and that no information has been withheld. I authorize FGSR to report my name, address, program, and award status to the donor(s) of awards if applicable, and to use my name in various public relations publications.

Applicant Signature (electronic or hand-written)

Date (MM/DD/YYYY):

TO BE COMPLETED BY SUPERVISOR (as part of the Acceptance only):

SUPERVISORY DECLARATION:

- It is the responsibility of the Supervisor to monitor the satisfactory progress of the Fellowship Recipient, to ensure that both the Fellowship Recipient's academic standards are being met and progress is being made towards research goals stated in the approved application. It is also the responsibility of the Supervisor to clearly outline the process for managing non-performance by communicating to the Fellowship Recipient that the Fellowship may be terminated in the case of non-performance.
- Make sure progress is being made towards the research goal stated in the approved application. If these goals are not meet as outlined in the approved application, this award may be terminated in the case of non-performance and all payments are subject to the Terms and Conditions of Alberta Innovates.

Supervisor/Department Speed Code To Charge Supplemental Benefits:

(visit Human Resource Services Compensation Calculator for estimates
<https://apps.ualberta.ca/hrs/compensationcalculator>)

Supervisor Signature (electronic or hand-written)

Date (MM/DD/YYYY):

Personal information on this form is collected under the authority of Section 33(c) of Alberta's Freedom of Information and Protection of Privacy Act for authorized purposes including admission and registration; administration of records, scholarships and awards, student services; and university planning and research. Students' personal information may be disclosed to academic and administrative units according to university policy, federal and provincial reporting requirements, data sharing agreements with student governance associations, and to contracted or public health care providers as required. For details on the use and disclosure of this information call the Faculty of Graduate Postdoctoral Studies at 780-492-3499 or see <http://www.ipu.ualberta.ca/>.