



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

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[www.ualberta.ca/graduate-studies](http://www.ualberta.ca/graduate-studies)

UofA ID	Prefix	Applicant Last Name (Surname)	First (Given) Name
UAlberta Email address		Current Address	
Department or non-departmentalized Faculty		Faculty	
<b>FELLOWSHIP REQUESTING RENEWAL OF:</b>			
<b>AI Postdoctoral Recruitment Fellowship</b>	<b>Renewal Start Date (MMM DD/YYYY)</b>	<b>Renewal End Date (MMM DD/YYYY)</b>	
<b>AI Postdoctoral Fellowship in Health Innovation</b>	<b>Renewal Start Date (MMM DD/YYYY)</b>	<b>Renewal End Date (MMM DD/YYYY)</b>	
<b>AI Postdoctoral Enhancement Fellowship</b>	<b>Renewal Start Date (MMM DD/YYYY)</b>	<b>Renewal End Date (MMM DD/YYYY)</b>	
<b>OTHER CONCURRENT FELLOWSHIPS OR AWARDS: (required; do not leave blank)</b>			
Have you been offered any other postdoctoral fellowships or awards that you will hold concurrently during the renewal of the AB Innovates Fellowship? <p style="text-align: center;">Yes                  No</p> If Yes, please indicate name of fellowship(s) you hold:			
<b>Name of Fellowship or Award</b>	<b>Value</b>	<b>Start Date (MMM DD/YYYY)</b>	<b>End Date (MMM DD/YYYY)</b>
<b>OTHER AWARDS APPLIED FOR: (required; do not leave blank)</b>			
Have you applied/do you plan to apply for other postdoctoral fellowships? (ex. Banting/CIHR/NSERC/SSHRC Postdoctoral Fellowship program; MITACS Postdoctoral Fellowship programs; Canadian Blood Services Postdoctoral Fellowship program; other university/external funding sources) <p style="text-align: center;">Yes                  No</p> If Yes, please indicate name of fellowship(s) you have applied for:			
<b>Name of Fellowship or Award</b>	<b>Value</b>	<b>Start Date (MMM DD/YYYY)</b>	<b>End Date (MMM DD/YYYY)</b>

**WRITTEN SUMMARY REPORT (YEAR 1):** Using the space provided, provide a detailed written summary of the research activities carried out with the AB Innovates funding during year one of your fellowship

**WRITTEN SUMMARY REPORT (YEAR 2 RENEWAL):** Using the space provided, provide a detailed written summary of the proposed research activities for the period of the AB Innovates renewal

Empty space for the written summary report.

**DECLARATION:** I agree to comply with the terms and conditions of this award as stated in the letter of offer.. I understand that if I am unable to comply with these regulations at any time, I must notify the Faculty of Graduate Studies and Research in writing and that my fellowship will be terminated accordingly. I certify that the particulars furnished on this renewal form are true and complete in all respects and that no information has been withheld.

Postdoctoral Signature		Date (MMM DD/YYYY):
Name of Supervisor	Supervisor's Signature	Date (MMM DD/YYYY):
Name of Co-Supervisor (If applicable)	Co-Supervisor's Signature (if applicable)	Date (MMM DD/YYYY):
Department Chair (or delegate)	Department Chair's (or delegate) Signature	Date (MMM 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 Studies and Research at 780-492-3499 or see <http://www.ipu.ualberta.ca/>.*

**FGSR OFFICE USE ONLY:**

Approved  Not Approved

Director of Postdoctoral Affairs Signature: \_\_\_\_\_ Date: \_\_\_\_\_