

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

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

FELLOWSHIP CATEGORY: 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 **MUST** 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.

*Available only for research in politics, history, economy, society, or related fields, of Canada, with preference given to research of Western Canada

NUMBER OF APPLICATIONS RECEIVED AT DEPARTMENT FOR EACH CATEGORY: required, please do not leave blank; enter '0' or N/A if none received

Notley Fellowship

Killam Fellowship

Izaak Walton Killam Fellowship

| UofA ID (if applicable) | Prefix | Applicant Last Name (Surname) | | First (Given) Name | Middle Name (if applicable) |
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| Department or non-departmentalized Faculty | | | Faculty | | |
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| Name of Proposed Supervisor (NOTE: if also the Department Chair, another delegate | | | | Proposed Supervisor's email | |
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| must sign as the Chair) | | | | | |
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| Name of Proposed Co-Supervisor (If applicable) | | | | Proposed Co-Supervisor's email (If applicable) | |
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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 (must

include application form and all required attachments): - Research Project Proposal

- Statement of Research Experience
- Statement of Community Engagement
- Applicant CV

- Copy of PhD, PhD-equivalent or health professional

degree (or letter confirming degree requirements will be/have been met)

- Supervisor Letter of Support (cannot also be a reference)

- Supervisor <u>Biosketch form</u> and 4 pages max (must include this specific form)

4) Three <u>Signed</u> Letters of Appraisal (sent directly to Department by referee)

| Department Contact | Department Contact Signature | Date (MMM/DD/YYY) | | | |
|--|--|-------------------|--|--|--|
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| Name of Department Chair/Delegate | Department Chair/Delegate Signature (electronic or hand- | Date (MMM/DD/YYY) | | | |
| | written) | | | | |
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| 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.ipo.ualberta.ca/. | | | | | |