



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

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UofA ID	Prefix	Applicant Last Name (Surname)	First (Given) Name
UAlberta Email address		Current Address	
Department			
FELLOWSHIP REQUESTING RENEWAL OF:			
Killam	Honorary Killam	Renewal Start Date (MM/DD/YYYY)	Renewal End Date (MM/DD/YYYY)
Notley	Honorary Notley	Renewal Start Date (MM/DD/YYYY)	Renewal End Date (MM/DD/YYYY)
OTHER CONCURRENT FELLOWSHIPS OR AWARDS: (required; do not leave blank)			
Have you been offered any other postdoctoral fellowships or awards that you will hold concurrently during the renewal of the Killam or Notley Fellowship?			
		Yes	No
If Yes, please indicate name of fellowship(s) you hold:			
Name of Fellowship or Award	Value	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)
OTHER AWARDS APPLIED FOR: (required; do not leave blank)			
Have you applied/do you plan to apply for other postdoctoral fellowships? (ex. Banting/CIHR/NSERC/SSHRC Postdoctoral Fellowship program; Alberta Innovates; MITACS Postdoctoral Fellowship programs; Canadian Blood Services Postdoctoral Fellowship program; other university/external funding sources)			
		Yes	No
If Yes, please indicate name of fellowship(s) you have applied for:			
Name of Fellowship or Award	Value	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)

WRITTEN SUMMARY REPORT (YEAR 1): Using the space provided, provide a detailed written summary of the research activities carried out with the Killam/Notley 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 Killam/Notley 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 and Postdoctoral Studies 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 (MM/DD/YYYY):
Name of Supervisor	Supervisor's Signature	Date (MM/DD/YYYY):
Name of Co-Supervisor (If applicable)	Co-Supervisor's Signature (if applicable)	Date (MM/DD/YYYY):
Department Chair (or delegate)	Department Chair's (or delegate) Signature	Date (MM/DD/YYYY):

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FGSR OFFICE USE ONLY:

Approved

Not Approved

Director of Postdoctoral Affairs Signature: _____ Date: _____