



FACULTY OF GRADUATE & POSTDOCTORAL STUDIES
KILLAM CENTRE FOR ADVANCED STUDIES
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Unless specifically requested by GPS Award Services, this form is only required for a limited number of awards that are not available/offered via the GSMS Awards Portal.

Student ID	Student Last Name, First Name	
Department	Degree Program	
Name of Award		
Award Start Date (mm/yyyy)		
May (05/____)	September (09/____)	January (01/____)

Indicate all scholarships, awards, assistantship funds that you have been offered during the tenure of this award. Note that some awards may have restrictions that prohibit you from holding them concurrently.

Name of Award	Value of Award	Start/End Dates

Declaration: I accept the above award offered to me and agree to comply with the terms and conditions as stated in the letter of offer, and as described in the Graduate Scholarship Committee Award Winner’s Handbook. I understand that if I am unable to comply with these regulations at any time, I must notify GPS Awards Services in writing and that my award will be terminated according to the regulations outlined in the Handbook. 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 GPS to report my name, contact information and award status to donor(s) of awards and University officials, if applicable, and to use my name in various U of A publications.

AND

I confirm that I will be working full-time on my graduate program, including the May to August period. I understand that it is the policy of the Graduate Scholarship Committee to confirm that students who registered full-time in their graduate program during the preceding Fall/Winter Terms, and who will begin tenure of an award in Spring/Summer Terms, will conduct research on a full-time basis during the Spring/Summer Terms, even though they may not be officially registered in courses or thesis registration. I understand that if I am beginning a new graduate program in Spring or Summer Term, I will need to register full-time in that term to be eligible to hold the award.

OR

As the recipient of a department-specific award for which part-time students are eligible, I confirm that I understand that I will need to register in the required terms to be eligible to hold the award.

Student’s Signature (digital or hand-written)	Date (MM/DD/YYYY)
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***This form can be electronically signed, or signed and scanned, and emailed to grad.awards@ualberta.ca from your UofA email account.**

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/>