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2024 Nomination Information Form for

Faculty or Staff

This nomination is for the (select one):

|  |  |
| --- | --- |
| Graduate Student Supervisor Award  As per GSA Policy O.POL.2.3, one award in this category may be conferred in each of the Tri-Council Research Areas. Please select ONE research area for this nominee:  SSHRC (Social Sciences and Humanities)  NSERC (Natural Sciences and Engineering)  CIHR (Health) |  |
| Academic Staff Award |  |
| Non-Academic Staff Award |  |

|  |  |
| --- | --- |
| NOMINEE INFORMATION | |
| First Name: | Department/Faculty: |
| Last Name: | Position: |
| UofA Email: |  |

Nominee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date (MM/DD/YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please fill out the following information:   |  |  | | --- | --- | | NOMINATOR INFORMATION | | | First Name: | Department/Faculty: | | Last Name: | Phone Number: | | UofA Email: | Student ID #: |   Nominator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date (MM/DD/YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

PLEASE NOTE: Electronic Signatures ARE acceptable.

Declaration: By signing above, both signatories certify that the information in this application is true and correct and understand that all personal information collected by the GSA (under the authority of Section 13(1) of the Alberta *Personal Information Protection Act (PIPA))* about nominees is used to review applications, to administer awards, and may be used to provide a context for the award at the GSA Awards Night and in GSA publications. Questions about the collection and use of personal information can be directed to the GSA at 780-492-2175.