

Prefix	Last Name (Surname)	First (Given) Name & Middle Initial (if applicable)
Address (Street/Apt, City, Province/State, Postal/Zip Code)		Country
Email Address	Date of Birth (MM/DD/YYYY)	Canadian Citizenship Status
UofA Department or non-departmentalized Faculty		UofA Faculty
Other – UofA Research Institute/Centre		
Name of UofA Supervisor		Name of UofA Co-Supervisor (if applicable)

**Decline:**

I decline the Killam PD Fellowship	I decline the Notley PD Fellowship
Reason:	
I have accepted another award: <i>Name of award(s) and value of each:</i> <i>Institution:</i>	
I have decided to attend another institution: <i>Name of other Institution:</i>	
I have accepted employment as:	
Other (please specify):	
Signature (electronic or hand-written)	Date (MM/DD/YYYY):

**Acceptance:**

I accept the Killam PD Fellowship	Commencement Date:
I accept the Notley PD Fellowship	Research Allowance (not renewable):
I accept the Killam/Notley PD Fellowship as Honorary	I agree to the <i>Research Allowance Guidelines</i> and will be responsible of claiming expenses

**Other Awards that will be held concurrently with this Fellowship:**

Name of Award(s)	Value	Start and End Dates

**Provide the following to [grad.awards@ualberta.ca](mailto:grad.awards@ualberta.ca) as part of the acceptance:**

<ul style="list-style-type: none"> <li>• Copy of your doctoral degree certificate, or written confirmation from the Graduate School or Registrar of your university that you have met all the degree requirements and that your doctoral degree is forthcoming</li> <li>• Up-to-date CV</li> <li>• Copy of Work Permit (if applicable)</li> </ul>	<b>Killam only:</b> <ul style="list-style-type: none"> <li>• Brief description of your research (up to 100 words max)</li> </ul>
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**ACCEPTANCE DECLARATION:** I accept the above award offered to me and agree to comply with the terms and conditions of the award. I understand that if I am unable to comply with these regulations at any time, I must notify the Faculty of Graduate Studies (FGSR) in writing and that my award will be terminated according to the regulations. 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 FGSR to report my name, address, program, and award status to the donor(s) of awards if applicable, and to use my name in various public relations publications.

Signature (electronic or hand-written)	Date (MM/DD/YYYY):
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