



**FACULTY OF EDUCATION
GRADUATE AWARD APPLICATION 2022**

APPLICANT INFORMATION

	First Name:	Family/Last Name:	
Student Number:	UM Email Address:		
Primary Phone Number:	Alternate Phone Number:		
Current Box/Street Address:			
City/Town:	Province/State:	Country:	Postal/Zip Code:
Citizenship:	Canadian Citizen	Permanent Resident of Canada	Visa Student

PROGRAM INFORMATION

Graduate Program:	M.Ed.	Ph.D.	Program Start Term/Year:	Proposed Completion Term/Year:
Status:	GPA:		Route: Thesis-Based	Course-Based
Full-Time	Part-Time		Thesis Title:	
Program Advisor:			Referee:	

**ACADEMIC BACKGROUND
IN PROGRESS AND COMPLETED DEGREE PROGRAMS**

Undergraduate Degree:	Month/Year Started:	Month/Year Awarded:	Status: Full-Time	Part-Time
Institution Name:		Country:		
Master's Degree:	Month/Year Started:	Month/Year Awarded:	Status: Full-Time	Part-Time
Institution Name:		Country:		
Doctorate Degree	Month/Year Started:	Month/Year Awarded:	Status: Full-Time	Part-Time
Institution Name:		Country:		



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GRADUATE AWARD APPLICATION 2022**

**AWARDS & SCHOLARSHIPS RECEIVED
CURRENT TO LEAST RECENT**

Award:				
Month/Year:	Value:	National	Provisional	Institutional
Award:				
Month/Year:	Value:	National	Provisional	Institutional
Award:				
Month/Year:	Value:	National	Provisional	Institutional
Award:				
Month/Year:	Value:	National	Provisional	Institutional
Award:				
Month/Year:	Value:	National	Provisional	Institutional
Award:				
Month/Year:	Value:	National	Provisional	Institutional

**TEACHING EXPERIENCE
CURRENT TO LEAST RECENT**

Institution:	
Program/Level:	Start Month/Year: End Month/Year:
Institution:	
Program/Level:	Start Month/Year: End Month/Year:
Institution:	
Program/Level:	Start Month/Year: End Month/Year:
Institution:	
Program/Level:	Start Month/Year: End Month/Year:



UM

Faculty of Education

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PROFESSIONAL GROWTH/EXPERIENCE

**VOLUNTEER EXPERIENCE RELATED TO EDUCATION
CURRENT TO LEAST RECENT**

Organization:	Position:	Start Month/Year:	End Month/Year:
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Skills/Duties:

Organization:	Position:	Start Month/Year:	End Month/Year:
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Skills/Duties:

Organization:	Position:	Start Month/Year:	End Month/Year:
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Skills/Duties:

Organization:	Position:	Start Month/Year:	End Month/Year:
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Skills/Duties:

APPLICANT SIGNATURE

I hereby agree that any award made to me as a result of this application will be subject to the general conditions and regulations outlined in the Award criteria. I hereby certify that I acknowledge that all statements made in connection with this application are true and complete. I authorize the university to verify any information, transcripts, or reference letters provided as part of this application. I understand that my application will be rejected if I have not disclosed my complete academic record or have submitted false information in support of my application. In such an event I understand that future applications from me will not be considered.

Signature of applicant	Date
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