

**DEPARTMENT OF COMPUTER AND ELECTRICAL
ENGINEERING**
**APPLICATION FOR UNIVERSITY OF MANITOBA GRADUATE
FELLOWSHIP Due: April 25, 2022 by 4:30 p.m.**

Title	Last Name of Applicant	First Name	Initial of all given names
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ADDRESSES

Current address (street name & number/City/Province/Postal Code)		Permanent mailing address (if different than current address) (street name & number/City/Province/Postal Code)	
If current address is temporary, indicate leaving date		Telephone number at permanent mailing address	
Telephone number	Facsimile number	E-mail address	
U of M student #	Present Department	Present Institution	

CITIZENSHIP

☐ Canadian Citizen	☐ Permanent resident of Canada	☐ Visa student
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SIGNATURE

I hereby agree that any award made to me as a result of this application will be subject to the general conditions governing the UMGF. These conditions are outlined in the regulations attached to this application form, as well as the regulations outlined in the *Award Holder's Guide*.

I hereby certify that I have read and understood the instructions and information sheet attached to this application form and that all statements made in connection with this application are true and complete.

I authorize the university to verify any information, transcripts, etc. 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 to the Faculty of Graduate Studies. In such an event I understand that future applications from me will not be considered.

Date

Signature of Applicant

This personal information is being collected under the authority of *The University of Manitoba Act* and will be used for the purpose of assessing your application for the UMGF competition. It may be shared with other educational institutions. Information regarding graduation and awards may be made public. Upon your graduation, name, address and degree information you have provided will be given to and maintained by the Alumni Records department in order to assist in the University's advancement and development efforts. This information is protected by the Protection of Privacy provisions of Manitoba's *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection, contact the FIPPA Coordinator's Office (204) 474-8339, c/o Archives and Special Collections, 331 Dafoe Library, University of Manitoba, Winnipeg, MB, R3T 2N2.

Last Name of Applicant			First Name		
ACADEMIC BACKGROUND (current and past degree programs including in programs in progress)					
Degree	Name of discipline	Department, Institution and country	Month and year started	Month and year awarded/expected	Status (PT/FT)
Bachelor's					
Master's					
Doctorate					
ACADEMIC, RESEARCH, CREATIVE WORKS AND OTHER RELEVANT WORK EXPERIENCE					
Position held and nature of work (begin with current)	Organization and department	Supervisor	Period (mm/yyyy – mm/yyyy)		

Last Name of Applicant		First Name
AWARDS & SCHOLARSHIPS RECEIVED (indicate whether they are national, provincial, or institutional)		
Award & Value	University	Period (mm/yyyy – mm/yyyy)

Last Name of Applicant	First Name
AWARDS APPLIED FOR (Please note that in order to be considered for the UMGF eligible students are expected to apply to NSERC, SSHRC, CIHR & MHRC)	
Award	Year applied for
PROPOSED ADVISOR	
Department	Proposed/Current Advisor
ECE Engineering	
Indicate if you are attending university at the time of application ☐ Attending part-time ☐ Attending full-time ☐ Not attending	
I propose to study for ☐ Ph.D. degree ☐ Master's degree in the 2021/2022 academic calendar	

Last Name of Applicant	First Name
APPLICANT STATEMENT (Leadership, Community Service, Professional Service, Public Presentations, etc.) Use the available space only. Additional pages will not be considered.	

Last Name of Applicant		First Name
THESIS COMPLETED OR IN PROGRESS		
1. Degree	Supervisor	Date degree requirements completed
Title of thesis		
2. Degree	Supervisor	Date degree requirements completed
Title of thesis		
Please provide a brief statement of your proposed academic research and objectives (both short term and long term), and expected area of study. This statement must be authored and written by the applicant. Your statement must be understandable to someone outside of your field. Use plain language and do not reproduce abstract of thesis. Use the available space only (pages 8 and 9). Additional pages will not be considered.		

Last Name of Applicant	First Name
THESIS COMPLETED OR IN PROGRESS (Continued)	