

DEPARTMENT OF COMPUTER AND ELECTRICAL ENGINEERING APPLICATION FOR UNIVERSITY OF MANITOBA GRADUATE EELLOWSHIP Due: April 15, 2024 by 4:30 p.m.

| FELLOWSHIP Due: April 15, 2024 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) | | | | | |
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| If current address is | temporary, in | dicate leaving date | Telephone number at permanent mailing address | | | | |
| Telephone number | | Facsimile number | E-mail address | | | | |
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| U of M stud | dent # | Present Depa | artment | | Present Institution | | |
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| CITIZENSHIP | | I | | | | | |
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| Cana | dian Citizen | Perm | nanent resident of Canada Visa student | | | | |
| 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. | | | | | se conditions | | |
| 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. | | | | | nts made in | | |
| 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. | | | | | | | |
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| Date Signature of Applicant | | | | | | | |
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| This personal information is being collected under the authority of <i>The University of Manitoba Act</i> 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 <i>Freedom of Information and Protection of Privacy Act</i> . 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 BACK | GROUND | (current a | nd past degree prog | grams including in p | rograms in | progress) | |
| Degree | Name of discipline Department, Institution | | | | Month and year | Status (PT/FT) | |
| Bachelor's | | | | | | | |
| Master's | ir's | | | | | | |
| Doctorate | | | | | | | |
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| | | REATIVE | VORKS AND OTHER | R RELEVANT WORK | EXPERIEN | ICE | |
| Position held and of work (begin current) | | Org | anization and department | Supervisor | | Period (mm/yyyy – mm/yyyy) | |
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| Last Name of Applicant | First Name | First Name | | | |
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| AWARDS & SCHOLARSHIPS RECEIVED (indicate whether they are national, provincial, or institutional) | | | | | |
| Award & Value | University | Period (mm/yyyy – mm/yyyy) | | | |
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| Last Name of Applicant | First Name | | | |
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| 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 | | | |
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| PROPOSED ADVISOR | | | | |
| Department | Proposed/Current Advisor | | | |
| ECE Engineering | | | | |
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| Indicate if you are attending university at the time of application | | | | |
| malcale in you are alterialing university at the time of application | | | | |
| O Attending part-time O Attending full-time | O Not attending | | | |
| | | | | |
| I propose to study for O Ph.D. degree | Master's degree in the 2024/2025 academic calendar | | | |
| | master 5 degree In the 2024/2025 adduethic datendar | | | |
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| Last Name of Applicant | First Name |
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| PUBLICATIONS (List papers published in refereed journals, book and proce | edings, beginning with the most recent. |
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| (a) Articles published or accepted in refereed journals (for | accepted articles, attach acceptance letter): |
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| (b) Articles submitted to refereed journals (indicate the ma | nuscript ID number, the date of submission and the |
| number of pages submitted): | |
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| Last Name of Applicant | First Name |
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| PUBLICATIONS (List papers published in refereed journals, book and proce | Jedings, beginning with the most recent. |
| (c) Other refereed contributions (e.g., communications, paper of the second sec | pers in refereed conference proceedings, posters, etc.): |
| (d) Technology transfer: | |
| (e) Contributions resulting from your participating in inc and copyrights (e.g. software, but excluding publication | lustry relevant R&D activities; including Patents s): |

| ast Name of Applicant | First Name | |
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| ANDATORY APPLICANT STATEMENT (Leadership, Community S dditional pages will not be considered. | Service, Professional Service, Public Presentations, etc.) | Use the available space |
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| Last Name of Applicant | | First Name | | | |
|---|-------------------------|-------------------------|---|--|--|
| RESEARCH/THESIS PROPOSAL | | | | | |
| 1. Degree | Supervisor | | Estimated Date degree requirements completed | | |
| Title of thesis | | | I | | |
| Please provide a brief statement of your proposed statement must be authored and written by the language and do not reproduce abstract of thesis. U | applicant. Your stateme | nt must be understandat | ble to someone outside of your field. Use plain | | |
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| Last Name of Applicant | First Name | | | |
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| RESEARCH/THESIS PROPOSAL (Continued) | | | | |
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