



Application for
UNIVERSITY OF MANITOBA GRADUATE FELLOWSHIP
 Contact Department For Deadline
PART I

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

Current address (street name & number, city, province, country, postal/zip code)		Permanent mailing address (if different than current address) (street name & number, city, province/state, country, postal/zip 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

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, 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 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
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ACADEMIC BACKGROUND (current and past degree programs including 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					
Other					

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 LOCATION OF TENURE (in order of preference)			
Department		Proposed Advisor	
Indicate if you are attending university at the time of application			
Attending part-time <input type="checkbox"/> Attending full-time <input type="checkbox"/> Not attending <input type="checkbox"/>			
I propose to study for a (check one) Ph.D. degree <input type="checkbox"/> Master's degree in the 2024-2025 academic calendar year			

Last Name of Applicant

First Name

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PUBLICATIONS (List papers published in refereed journals, book and proceedings, beginning with the most recent. **One additional page** may be appended if needed).

Last Name of Applicant	First Name
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THESIS COMPLETED OR IN PROGRESS

1. Degree	Supervisor	Date degree requirements completed
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Title of thesis

2. Degree	Supervisor	Date degree requirements completed
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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. (Only one additional page including references may be appended using 12 pt. Font with 6 lines per inch.)

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REFEREES

Provide information on **one** referee who will complete Part II of the application and will submit a letter of support. If you **do not** have a "University of Manitoba Academic Record", you may append one extra letter of reference from a person most knowledgeable about your academic work.

Last Name	First Name
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Position	Department/Division
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Institution

Telephone No.	Facsimile No.	E-mail address
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Last Name	First Name
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Position	Department/Division
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Institution

Telephone No.	Facsimile No.	E-mail address
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UNIVERSITY TRANSCRIPTS

List all university transcripts appended to this application. You must include all undergraduate and graduate transcripts. Only official transcripts, "student histories" from the Registrar's Office and certified true copies are acceptable. **Web printouts and Student Aurora printouts are not acceptable.** These documents must be sealed upon receipt at the departmental level.

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PART II – TO BE COMPLETED BY REFEREE

This report is **CONFIDENTIAL** and must be completed by the student's proposed advisor or a faculty member from any academic institution with special knowledge of the student.

Last Name of Applicant	First Name
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THIS REPORT CONSISTS OF THREE PARTS AND ALL PARTS MUST BE COMPLETED:

The information provided on this form is most important to the Awards Committee in evaluating the suitability of the candidate for receiving the UMGF. You are therefore asked to give detailed information (both pros and cons) about the candidate.

(2.1) How long have you known this student and in what capacity? (professor, supervisor, committee member etc.)

(2.2) Check the boxes that most nearly represent your opinion of the candidate in comparison with a representative group of individuals you have known who have had approximately the same training and experience.

(2.3) The letter of support should be typed in black, as the material must be duplicated for the peer review process.

2.1 I have known this applicant for _____ (#) years in the capacity as his/her _____ (professor, advisor, committee etc.). On the basis of my experience with _____ (#) students at a similar level over _____ years, I would give this student the following rating:

2.2 RATING FORM

(Note: Ratings should be consistent with information contained within the body of the application form – including the marks on the transcripts)

	EXCEPTIONAL		EXCELLENT		VERY GOOD	GOOD	ACCEPTABLE	UNABLE TO JUDGE
	Upper 2%	Upper 10%	Upper 15%	Upper 20%	Upper 33%	Upper 50%	Lower 50%	
Academic Preparation								
Demonstrated scholarly ability								
Demonstrated Research ability								
Student's Research Proposal								
Communication Skills (written)								
Communication Skills (oral)								
Industriousness/ Motivation								
Creativity								
Originality								
Judgement								

2.3 PLEASE ELABORATE ON THE ABOVE RATINGS BY ATTACHING AN ADDITIONAL LETTER OF SUPPORT (REQUIRED)

Name of Respondent (Print)	Signature
Position	Institution

PART III – CONFIDENTIAL

NOTE: Application forms submitted without transcripts attached and without departmental cover sheets will be returned to the department and marked incomplete. THE AWARDS COMMITTEE GIVES CONSIDERABLE WEIGHTING TO THIS SECTION. PLEASE ENSURE THAT THIS SECTION IS COMPLETED WITH CARE AND THAT ANY DISCREPANCIES BETWEEN THE ACADEMIC RECORD AND THE REST OF THE APPLICATION IS ADDRESSED HERE.

TO BE COMPLETED BY THE HEAD OF THE DEPARTMENT OR REPRESENTATIVE	
Last Name of Applicant	First Name
Among the _____ students from this department who are recommended, this student ranks _____	
This student will be in the _____ year of the _____ (Master's/Ph.D.) program as of September 1, 2024 and is expected to complete all degree requirements by _____. For students applying for the first year of Ph.D. study please indicate one of the following: The student will <u>complete</u> the Master's program prior to entering the Ph.D.; or the student will <u>transfer</u> to the Ph.D. program without completion of a Masters.	
Provide evidence of the quality and merit of the student and how the student rates in comparison to his/her peers and provide information that are not available in the application form and advisor's comments. Please use the criteria provided on the <i>Instructions on Completing the UMGF Application Form</i> .	
The candidate is RECOMMENDED <input type="checkbox"/> NOT RECOMMENDED <input type="checkbox"/>	
<small>*Please do not recommend candidates whose GPA for the last 2 full years of study are below 3.50 NOT RECOMMENDED applicants will not be considered by the Awards Committee</small>	
Name of Respondent (Print)	Department
Signature	Date