



UNIVERSITY OF MANITOBA GRADUATE FELLOWSHIP 2014/2015 RECOMMENDATION FORM

Please print on blue paper

Student Information

Name (LAST, First) Student Number

Address Postal Code

Email Program: Master's Ph.D.

Citizenship: Canadian Permanent Resident Visa Student

Department Supervisor

Program Start Date or Proposed Program Start Date

Preliminary GPA Calculation (60 credit hours or equivalent)

Recommendation made by (check one): Department Faculty

Please confirm the nature of the research requirements of this program:

thesis/dissertation major research project coursework in research methods or statistics

other (specify- use separate sheet if required)

Please carbon copy the following individuals on the award notice:

Three horizontal lines for listing individuals to be carbon copied.

Department Head/Grad Chair Signature

Date (MM/DD/YYYY)

FOR FGS USE ONLY

Admission GPA Admission Initials

Date forwarded to Awards