

FACULTY OF SCIENCE UMGF APPLICATION INSTRUCTIONS

Deadline for application submission is February 28, 2022

**Please submit your application electronically to
biograd.program@umanitoba.ca**

Directions for Completing the Form (Applicant)

- The applicant completes Part 1 of the form which has pre-defined formatting. This formatting must not be changed.
- If the name on the application differs from transcripts and/or other documents enclosed with the application, the applicant is required to clarify the discrepancy. Documentation (i.e. marriage certificate) may be requested.
- When describing your relevant work experience (page 2) describe only **research relevant** work experience. If necessary, briefly clarify how the experience was relevant when describing the “nature of the work”.
- When listing your publications and other contributions to research (beginning on page 5) you must use the following headings in order and contributions should be listed under each heading from most recent to oldest.
 1. Articles Published or Accepted in Refereed Journals
 2. Articles Submitted to Refereed Journals
 3. Articles Published or Accepted in Other Refereed Venues (e.g. conferences, workshops, etc.)
 4. Articles Submitted to Other Refereed Venues
 5. Other Contributions (patents, copyrights, contributions from industrial R&D activities, technology transfer, etc.)
- For all publications, please indicate the number of pages and for publications submitted or in press, indicate the date of acceptance/submission as well. For multi-author papers, briefly indicate the significance of authorship order.
- Provide a copy of your completed application to your two referees together with the instructions and a blank copy of Part II and ask them to forward the completed form and attached letter of support directly to the department you are applying through and provide them with the necessary postal and e-mail addresses to use. Be sure to allow sufficient time for your referees to complete and return the form. Particularly, for foreign referees, this time may be significant. Also, be sure your referees have the address of the department to which they must submit their letters.
- Submit your application to the department you are applying through prior to **their** application deadline.
- What does my signature on the application mean?
 - You accept the terms and conditions of the award as set out in the UMGF regulations and the Award Holder’s Guide (available at www.umanitoba.ca/faculties/graduate_studies/funding/forms.html).
 - You will acknowledge, wherever possible, UMGF’s funding assistance (e.g. in publications)
 - You certify that the information provided in your application is complete, accurate and consistent to the best of your knowledge. The provision of false or inaccurate information may result in sanctions, including termination of funding and disentitlement from eligibility for future funding.
- The form is in PDF and may be completed using the free FoxIT Reader software (for Windows) or Preview (comes with MacOS) or Adobe Acrobat (not free). The free Acrobat Reader software cannot save PDF files and is therefore tedious to use.

Directions for Completing the Form (Referee)

- Referees complete Part 2 of the form and also a single page, plain language, letter of support as described in part 2.
- The applicant should have provided you with a copy of their application. Please review it.
- Whenever possible, rather than providing general comments, assess the applicant’s strengths and limitations for each criterion. Please include specific examples of the applicant’s accomplishments and contributions to support your assessment.
- Ratings that are inconsistent with the application as a whole without justification will diminish the report’s credibility.
- Please submit your reference to the department the applicant is submitting through.
- Please note that this report will be accessible to the applicant with obvious identifying information blacked out.

Directions for Completing the Form (Department)

- The department completes Part 3 of the form.
- Please consult the applicant’s application and transcripts as well as the referees’ reports.
- The primary responsibilities of the department are to rank the applicants, **explain** the ranking and compute the applicant’s GPA according to FGS admission rules (see part 3 for URL). A secondary responsibility is to draw any omitted information to the selection committee’s attention.
- Please discuss the factors that led to the department’s ranking of the applicant commenting on the applicant’s strengths and limitations in comparison to other applicants in terms of Academic excellence, Research ability/potential, Communication skills and also Interpersonal and leadership skills.
- Please be sure to indicate why the applicant was ranked as they were relative to adjacent applicants in the ranking and explain any discrepancies between the application package and departmental ranking.
- If possible, please provide additional information about the applicant beyond that provided by the referees.
 - Information about the appropriateness and impact of publication venues is particularly useful.
- Finally, please be sure to provide a calculation of the applicant’s GPA on their last 60 hours of study (see URLs in Part III).
- Please do not recommend applicants:
 - whose GPA over the last 60 credit hours is below 3.75
 - who will exceed 24 months in a Master’s program as of September in the competition year

- who will exceed 48 months in a Ph.D. program as of September in the competition year

Last Updated: 23 January 2019

**Application for
UNIVERSITY OF MANITOBA GRADUATE FELLOWSHIP
For Submission to Faculty of Science (Contact Department For their Deadline)
PART I – TO BE COMPLETED BY THE APPLICANT**

Title (Ms., Mrs., Mr.)	Last Name of Applicant	First Name	Middle Initials
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	
SUMMARY OF ACADEMIC INFORMATION			
U of M student #	Present Department		Present Institution
Program (MSc/PhD) during award	Department	Name of Proposed Supervisor	
CITIZENSHIP – select one			
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="checkbox"/> Canadian Citizen </div> <div style="text-align: center;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="checkbox"/> Permanent resident of Canada </div> <div style="text-align: center;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="checkbox"/> Visa student </div> </div>			
SIGNATURE			
<p>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 <i>Award Holder's Guide</i>.</p> <p>I hereby certify that I have read and understood the instructions attached to this application form and that all statements made in connection with this application are true and complete.</p> <p>I authorize the university to verify any information, transcripts, or reference letters provided as part of this application.</p> <p>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.</p>			
Date		Signature of Applicant	
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.			

Name of Applicant (Last, First)			Student Number		
ACADEMIC BACKGROUND (current and past degree programs including programs in progress)					
Degree	Name of discipline	Department, Institution and country	Month and year started	Month and year awarded/expected	Status (full/part time)
Bachelor's					
Master's					
Doctorate					
ACADEMIC, RESEARCH, AND OTHER RESEARCH-RELEVANT WORK EXPERIENCE					
Position held and nature of work (order from most recent/current to oldest)		Organization & department	Supervisor	Period (mm/yy – mm/yy)	

Name of Applicant (Last, First)			Student Number	
AWARDS & SCHOLARSHIPS RECEIVED (order from most recent to least recent)				
Name of Award	Value (\$)	Name of Sponsoring Organization or University	National, Provincial or Institutional	Period (mm/yy – mm/yy)

Name of Applicant (Last, First)		Student Number	
AWARDS CURRENTLY APPLIED FOR (To be considered for the UMGF, students must apply to NSERC, SSHRC, CIHR & MHRC, if they are eligible to do so.)			
Award		Date applied for	
Extenuating Circumstances (Concisely describe any special factors that may have influenced your performance to date that the selection committee should be aware of)			
Indicate if you are attending university at the time of application – select one			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Attending part-time	Attending full-time	Not attending	

Name of Applicant (Last, First)	Student Number
PUBLICATIONS (List papers published, accepted or submitted to refereed journals, books and conference proceedings from most recent to oldest within each category. Refer to specific instructions for presentation order and handling of other types of contributions.)	

Name of Applicant (Last, First)	Student Number
PUBLICATIONS (continued)	

Name of Applicant (Last, First)		Student Number
THESES COMPLETED OR IN PROGRESS		
1. Degree	Supervisor	Date degree requirements completed
Title of thesis		
2. Degree	Supervisor	Date degree requirements completed
Title of thesis		
PROPOSED RESEARCH		
<p>Please provide a brief statement of your proposed research. Identify your research objective(s), methods or approaches to be used, expected outcomes and the significance of your proposed work. This statement must be authored and written by the applicant. Your statement should be understandable to someone outside of your area as the selection committee is multi-disciplinary. Use plain language where possible and be sure to make the uniqueness and contribution of your proposed research clear.</p>		

Name of Applicant (Last, First)	Student Number
PROPOSED RESEARCH (continued)	

Name of Applicant (Last, First)		Student Number
REFEREES Provide contact information for one referees who will complete Part II of the application and submit a letter of support on your behalf. As much as possible, the persons selected should be knowledgeable about your prior academic work.		
Last Name		First Name
Position		Department
Institution		
Telephone No.	Facsimile No.	E-mail address
LIST OF UNIVERSITY TRANSCRIPTS List all university transcripts appended to this application. You must include all undergraduate and graduate transcripts. Attach copies of all transcripts or web printouts with this application. These documents must be delivered to the department to which you are applying.		

PART II – TO BE COMPLETED BY REFEREE

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

Last Name of Applicant	First Name
<p>The information provided in your reference is very important to the selection committee in evaluating the suitability of the applicant for receiving the UMGF. Our thanks to you for providing a reference. Please give detailed information (both pros and cons) in plain language about the candidate and most importantly their abilities and experience. Your reference will include both this form and an attached letter of support (single page please).</p>	
<p>2.1 I have known this applicant for _____ (#) years in my capacity as his/her _____ (professor, advisor, committee member, etc.). On the basis of my experience with _____ (#) students at a similar level over _____ years, I would give this student the following ratings:</p>	
<p>2.2 RATINGS Your ratings should be consistent with information in the rest of the application (including the transcripts) and with your letter of support.</p>	
	<div style="display: flex; justify-content: space-around; font-weight: bold; font-size: 0.9em;"> EXCEPTIONAL EXCELLENT VERY GOOD GOOD SUB-PAR UNABLE TO JUDGE </div> <div style="display: flex; justify-content: space-around; font-weight: bold; font-size: 0.8em;"> Upper 5% Upper 10% Upper 20% Upper 30% Lower 70% </div>
Academic Preparation	<input type="radio"/>
Demonstrated scholarly ability	<input type="radio"/>
Demonstrated Research ability	<input type="radio"/>
Student's Research Proposal	<input type="radio"/>
Communication Skills (written)	<input type="radio"/>
Communication Skills (oral)	<input type="radio"/>
Industriousness/ Motivation	<input type="radio"/>
Creativity	<input type="radio"/>
Originality	<input type="radio"/>
Judgement	<input type="radio"/>
<p>2.3 RECOMMENDATION Please check on of the following: would : Strongly Recommend : <input type="checkbox"/> Recommend: <input type="checkbox"/> Recommend with Reservations: <input type="checkbox"/> Not Recommend: <input type="checkbox"/> the applicant.</p>	
<p>PLEASE ELABORATE ON THE ABOVE RATINGS IN YOUR ATTACHED LETTER OF SUPPORT</p>	
Name of Respondent (Print)	Signature
Position	Institution

Referee reports are to be returned via email to biograd@umanitoba.ca.

PART III – TO BE COMPLETED BY A REPRESENTATIVE OF THE DEPARTMENT

This report is **CONFIDENTIAL** and should be completed by the appropriate representative of the department the student is applying from. (This is normally the head, the grad chair or the chair of an awards committee). Please explain any discrepancies between the student's application (including academic record) and the department's ranking and also explain any special criteria used to arrive at the ranking.

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 _____ (MSc/PhD) program as of the start of the coming fall term and is expected to complete all degree requirements by _____. For students applying for the first year of Ph.D. study please indicate whether the student will complete the Master's program prior to entering the Ph.D. or transfer to the Ph.D. program without completion of the Masters.	
Please provide evidence of the quality and merit of the student and describe how the student rates in comparison to his/her peers and other applicants. Whenever possible, please provide any additional information that is not available in the application and letters of support.	
The applicant's GPA on their last 60 credit hours is: _____ (Please use the FGS admissions rules for calculating GPA - available at umanitoba.ca/faculties/graduate_studies/admin/568.html and http://umanitoba.ca/faculties/graduate_studies/admin/569.html)	
The candidate is: RECOMMENDED <input type="checkbox"/> NOT RECOMMENDED <input type="checkbox"/> There were a total of _____ eligible applicants. (Please do not recommend candidates whose GPA as calculated above is below 3.75)	
Name of Respondent (Print)	Department
Signature	Date