UNIVERSITY OF ALBERTA
FACULTY OF GRADUATE STUDIES & RESEARCH

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# Tri-Council Doctoral Scholarship Nominee List

Department

Select

Tri-Council Doctoral Scholarship Competition

Select

Please list the name of your nominated students in alphabetical order.

| Surname | Given Names (in full) | ID Number |
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**Department Declaration:**

By signing this form, I confirm that I have reviewed the above-noted applications and deemed them competitive.

| Name of Graduate Coordinator/Department Chair | Signature (digital or hand-written) | Date (MM/DD/YYYY) |
|---|---|---|
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***This form can be electronically signed, or signed and scanned, and emailed to grad.awards@ualberta.ca from your UofA email account.**