

ANNUAL REPORT FOR SCHOLARSHIP & AWARD RENEWAL		
Purpose	To monitor progress of Award holder and request next installment of Award. Contact, School of Graduate Studies if you have any questions <b>Email:</b> <u>sgs.awards@uleth.ca</u>	
Eligibility	A student who has received a multi-year award and is a Canadian Citizen/Permanent Resident/International	
Value	Various depending on the award received	
Criteria	<ul> <li>Award holder must attach a one-page report on the work accomplished, addressing the following:</li> <li>What progress was made during the previous year towards completing the degree requirements? (courses, comprehensive examination, thesis etc.) Did this progress meet or surpass the objectives set at the beginning of the year? Explain</li> <li>What progress was achieved during the previous year with respect to professional development (conference presentations, publications, etc.)</li> <li>What degree requirements (courses, comprehensive examination, thesis, etc.) still need to be completed? Please specify the deadlines for their completion as well as specific objectives for the coming year</li> <li>Other comments, if any</li> <li>Part II to be completed by Supervisor</li> </ul>	
Deadline	Minimum three weeks prior to Anniversary of Award start date (if deadline falls on a weekend submit next business day	
Submit	Completed applications returned to: SGS Award Advisor along with the following: <ul> <li>Complete Progress and Standing Report <ul> <li>Most recent statement progress and standing Form (not older than five months)</li> <li><a href="http://www.uleth.ca/graduate-studies/progress-and-standing">http://www.uleth.ca/graduate-studies/progress-and-standing</a></li> </ul> </li> <li>Will you or have you applied for, or are you receiving, any other research related financial assistance? If so please list: <ul> <li>It is your responsibility to ensure that all requested information is attached and received by the stated deadline. Incomplete applications will not be processed. The University of Lethbridge is not responsible for any applications lost in the delivery system.</li> </ul></li></ul>	
FOIP	FOIP Notification The personal information on this form is collected under the authority of the Post-secondary Learning Act (Alberta) and the Freedom of Information and Protection of Privacy Act (Alberta). The information collected will be used to administer the University's Graduate Awards. For successful applicants, the information collected will also be used to promote this program and shared with the donors and other University units. Questions on the collection, use or disclosure of this information must be directed to the University of Lethbridge FOIP Coordinator, 403-332-4620 or foip@uleth.ca.	

## PERSONAL INFORMATION

First Name:	Last Name:			
U of L ID Number:				
Canadian Citizen	Permanent Resident	International		
PERIOD OF STUDY AT THE UNIVERSITY OF LETHBRIDGE:				
Program Semester Start Date:	Program Start Year:			
Program you are currently in:	Year of Study:			
Department:				
SIGNATURE				
	instalment of my (name of award) <b>to:</b>	for the		
Date (day/month/year)	Date (day/month/year)			

I expect to work under the terms of my award through the period for which payment is requested. I shall immediately inform the School of Graduate Studies and the granting agency if I discontinue my full-time studies/research, temporarily or permanently, during this period.

Signature of Award Holder

Date (day/month/year)

## PART II: TO BE COMPLETED BY THE SUPERVISOR

I have read the progress report prepared by the award holder. My general assessment of the award holder's progress the past year is: (Elaborate (1/2 page max)

Signature of Supervisor

Printed Name of Supervisor

Date (day/month/year)

Signature of Chair of Dept.

Printed Name of Chair of Dept.

Date (day/month/year)