



Release of Application Documents

By signing this, I hereby give my consent to allow the University of Lethbridge School of Graduate Studies office to deliver all forms included in my graduate application to the NSERC CREATE AMETHYST Program coordinators.

Documents to be made available to the AMETHYST Program coordinators:

- School of Graduate Studies Application Form
- Letters of Recommendation
- Official Transcript

Please deliver this signed form to the AMETHYST Program Coordinator:

Mr. Trevor Armstrong
University of Lethbridge
WE1002, AWESB
4401 University Drive W.
Lethbridge, AB, CAN
T1K 3M4

Email: Trevor.Armstrong@uleth.ca
Phone: 403-332-4116
Fax: 403-332-4039

Date (YYYY-MM-DD)

Print Name

Signature

