**Application for SAPL MEDes Thesis Writing Fellowship**

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| Name: |   |  | UCID: |   |
| Today’s date: |  |  |  |  |
| Program: |  MEDes |  |  |  |  |
| Year of program you are in this term: |  |  |  |  |  |
| Expected program completion date: |   |  |  |  |  |
| Title of thesis: |  |
| Name of supervisor: |  |
| Name of 2nd referee: |  |
| Email address for second referee: |  |

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| **Freedom of Information and Protection of Privacy Act** |  |  |  |  |
| *The above information is collected under the authority of the Freedom of Information and Protection of Privacy Act, the Taxation Act (Canada) and the Statistics Act (Canada) to determine your eligibility for graduate scholarships and awards. If you are or become a student at the University of Calgary, this information will form part of the student record. Please direct any questions about the use of this information to the FOIP Advisor, Faculty of Graduate Studies – Telephone: (403) 220-5417.* |
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**Supporting Documentation**

\* Application form

\* A 3-5 page description of the thesis which should include background, scholarly context or literature review, research questions and objectives, methods, description to date, and remaining work plan;

\* An up-to-date Curriculum Vitae showing academic achievements (including publications, conference presentations, awards), teaching and other experience.

Save these documents as a single pdf. Name the file:

**Last name\_SAPL MEDes Thesis Writing Fellowship**

Send to awards@sapl.ucalgary.ca

\*Two academic references should be sent directly from the referees to awards@sapl.ucalgary.ca