

## **Faculty of Arts Doctoral Thesis Completion Award** application

### Use this form to:

• Apply for the Faculty of Arts Doctoral Thesis Completion Award.

#### Instructions:

- 1. The student completes sections 1-2, reviews section 3 for application completeness, then reads and signs section 4.
- 2. The student obtains their supervisor's confirmation and signature in section 5.
- 3. The student submits to their Department Graduate Coordinator for confirmation and signature in section 6.

Applicants will be notified of the decision by their Faculty as soon as a decision has been made.

### Deadlines:

Application **departmental** deadlines are:

- Spring 2023 term June 9
- Fall 2023 term September 8
- Winter 2024 January 10

For more information about this form, including award eligibility requirements and application details, please review the Faculty of Arts Doctoral Thesis Completion Award application web page.

# **Section 1: Student information** University of Waterloo student identification number \_\_\_\_\_ Last name(s) \_\_\_\_\_\_First name(s) \_\_\_\_\_ Email \_\_\_\_\_ Faculty (e.g. Arts) Department or School (e.g. History Term & Year PhD started \_\_\_\_\_ Current term at time of application (e.g. 7.0) Overall (cumulative) graduate average % Expected date all degree requirements will be met (yyyy/mm/dd)

### Section 2: Financial information

Total funding				
For term award would be held		For term previous to when award would be held		
Research Assistantship (RA)	\$	Research Assistantship (RA)	\$	
Teaching Assistantship (TA)	\$	Teaching Assistantship (TA)	\$	
Scholarships/awards	\$	Scholarships/awards	\$	
OSAP/provincial loan	\$	OSAP/provincial loan	\$	
Other (specify)	\$	Other (specify)	\$	
Total	\$	Total	\$	

### Section 3: Student checklist

- 1. A copy of your last annual progress report from the Advisory Committee/supervisor (if applicable).
- 2. A copy of your unofficial transcript.
- 3. A copy of your current curriculum vitae.
- 4. A written statement from you including:
  - A commitment to complete, defend and submit the final version of your thesis to GSPA, within three terms
    of this application (term of award plus two additional terms),
  - A description of any delays to your research and how this award will benefit completion of your thesis and doctoral program.

### Section 4: Applicant's disclosure statement and signature

- 1. I have a realistic plan to complete my degree within 2-3 terms of receiving this award (term of award plus two additional terms).
- 2. I confirm that the information provided in this application package is complete and accurate to the best of my knowledge.
- 3. I understand that I am responsible for providing all required documentation as indicated in the application instructions or as directed by the administering office, and that if I do not submit the required documentation/information I may be disqualified for consideration of this award.
- 4. I understand that the collection of personal information provided in this application package is used solely for determining my eligibility for this award. Information submitted during the application process will be protected, used, and released in compliance with Ontario's Freedom of Information and Protection of Privacy Act (R.S.O. 1990, c. F31) and the University of Waterloo's policies.
- 5. I understand that all income, assets and other resources will be verified using my OSAP/provincial aid application, if applicable, and/or Quest.
- 6. In order to adjudicate my application for this award, I authorize University of Waterloo to release my financial need information and award decision to the appropriate award selection committee(s).
- 7. I authorize the University to release a copy of this application package to the appropriate awards selection committee(s).
- 8. I understand that if I am selected to receive this award, and am also an OSAP recipient, the awards funds may affect my OSAP funding.

Applicant signature	Date (yyyy/mm/dd)	
Section 5: Supervisor confirmation		
	confirm that the above applicant is proceeding completed all of the requirements for their PhD (e.g. courses and defence. Providing there are no extenuating circumstances, this ward, plus one additional term)	
Supervisor signature	Date (yyyy/mm/dd)	
Section 6: Department Graduate Coordinator confirm	ation	
I (Coordinator name) that the departmental funding is accurate.	have reviewed the funding in section 2 and confirm	
Coordinator signature	Date (yyyy/mm/dd)	