

Doctoral Thesis Completion Award application

Use this form to:

Apply for the Doctoral Thesis Completion Award.

Instructions:

- 1. The student completes sections 1-2, reviews section 4 for completeness, then reads and signs section 5.
- 2. The student provides their supervisor with the <u>Supervisor Statement form</u> to complete.
- 3. The student submits their application and supervisor statement to their <u>Department Graduate Co-ordinator</u> for review and signature in section 3.

Applicants will be contacted regarding the status of their application once decisions have been made.

Deadlines:

Application **departmental** deadlines are:

• fall term - July 15 • winter term - November 15 • spring term - March 15 Where the advertised deadline falls on a Saturday or Sunday, the deadline date is the preceding Friday.

For more information about this form, including award eligibility requirements and application details, please review the <u>Doctoral Thesis Completion Award application web page</u>.

Section 1: Student information		
University of Waterloo student identification number		
Last name(s)	_First name(s)	
Email	<u> </u>	
	Department or School (e.g. History	
Current term at time of application (e.g. 7.0)	_Note: only those past term limits are eligible for DCTA	
Expected date all degree requirements will be met (mm/dd/yy)		
Do you identify as Indigenous* First Nations (Status/Non-Status)	Métis,or Inuit?: 🔲no 🔲 yes	
*To protect the integrity of Indigenous graduate students eligib	le for specific funding, those identifying as Indigenous must	
be verified by the Office of Indigenous Relations at the Univers	ity of Waterloo through the Indigenous verification process.	

Section 2: Financial information

Research Assistantship (RA)	\$
eaching Assistantship (TA)	\$
Scholarships/awards/sponsorships	\$
Other (e.g. employment)	\$
oans (e.g. OSAP)	\$
OTAL	\$
uition and fees	\$
other sources of funding you have explored, but were unsucce	seful in receiving:

Section 3: Department Graduate Co-ordinator confirmation

I (Co-ordinator name)departmental funding is accurate.	have reviewed the funding in section 2 and confirm that the
Co-ordinator signature	Date (mm/dd/yy)

Section 4: Student checklist

- 1. A copy of your last annual progress report from the Advisory Committee/supervisor. If no progress report, include a formal evaluation of research progress.
- 2. A copy of your unofficial transcript.
- 3. A copy of your current curriculum vitae.
- 4. A copy of the Supervisor's Statement form.
- 5. If you are Indigenous, make sure you have completed the Indigenous verification process.

Section 5: Applicant's disclosure statement and signature

- 1. I have a realistic plan to complete my degree within 1-2 terms of receiving this award (term of award plus one additional term).
- 2. I confirm that the information provided in this application package and all statements I have made (or that were generated with the assistance of GenAI) are truthful and an accurate representation of my own personal circumstances. I am not knowingly misrepresenting my circumstances.
- 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 institutional income will be verified using 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 GSPA to discuss my financial information with the department and faculty members as appropriate for department/faculty funding verification and to determine if other sources of funding are available.
- 8. I authorize the University to release a copy of this application package to the appropriate awards selection committee(s).
- 9. I acknowledge that if my funding changes in the term or for the intended period of support for which this award is provided, or if any details change that would disqualify me from continuing to hold this award, I will immediately notify GSPA as I understand that it may result in a reassessment and/or cancellation of my bursary. All details provided in the application are subject to verification by GSPA.
- 10. 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 (mm/dd/yy)