| **Academic Fellowship and Graduate Studies Program****Award Nomination Form** |
| --- |
| **Award Category** (please check one box) |
| **Student Awards** |
| [ ]  Continuing Education Student Award for Scholarship  | **Supporting Documentation for Student Awards:**Please enclose a copy of the nominee’s curriculum vitae (including a list of presentations and publications) with your nomination form |
| [ ]  Continuing Education Student Award for Leadership |
| [ ]  Continuing Education Student Award for Overall Excellence |
| **Instructor Awards** |
| [ ]  Continuing Education and Graduate Studies Instructor Award |
| [ ]  Field Practicum Preceptor Award |
| **Information about the candidate (the nominee)** |
| Title:       | Given Name:       | Family Name:       |
| Mailing Address:       |
| City:       | State/Province:       |
| Postal Code:       | Country:       |
| Email:       |
| **Information about you (the nominator)** |
| Title:       | Given Name:       | Family Name:       |
| Email:       | Date:       |
| **Description of the Nominee’s Contributions** (250 words or less)Please refer to the awards criteria in your statement |
|       |
| **Nomination Process** |
| 1. Inform your nominee that you wish to nominate them for an award
2. Complete the nomination form and collect all supporting documentation (if required for the award)
3. Submit your nomination by the deadline: **February 15th**
4. The Awards Committee will review the nominations and communicate their decision after the nomination deadline
 |
| **Please submit nominations to:** |
| Academic Fellowship and Graduate Studies Program500 University Avenue, 5th FloorToronto, Ontario M5G 1V7Email: familymed.grad@utoronto.ca  |
| **Thank you very much for your nomination** |