



1. Last Name First Name

I Accept the AITF Fellowship

I Decline the AITF Fellowship
(Please indicate reason)

I have decided to attend another institution

I have accepted employment

Other

2. Date of Birth (mm/dd/yy) 3. Country of Citizenship

4. Email

5. Commencement Date (mm/dd/yy)

6. Department

7. Name of U of A Supervisor

Signatures

I certify that the information provided is truthful and accurate.

Date Printed Name Signature

I certify that I am the academic supervisor of the Postdoctoral Fellow. Also, this is to confirm that I agree to allow my Postdoctoral Fellow time to participate in entrepreneurial activities.

Date Printed Name Academic Supervisor Signature

**RETURN TO:
THE POSTDOCTORAL FELLOWS OFFICE
1-03 SAB
UNIVERSITY OF ALBERTA
T6G 2G7**