

ONTARIO TRILLIUM SCHOLARSHIP (OTS) NOMINATION FORM

Graduate Unit				
Program				
Program Start Date _				
Name of Nominee _				
Student Number _				
Country of Citizenshi	p			
Country in which last	degree was conferred			
Years of Study	Degree Obtained	Program of Study	University	Average Grade
Other universities the	nominee is applying to	, if known:		
Other awards applied	for/received for the nex	xt academic year, if kno	own:	
		,		
	llowing documents and er letter (one paragraph e(s).			hting the strengths of
2. Academic to institutions)	ranscripts (photocopies	are acceptable, please	copy both sides of tra	anscripts from other
	of reference (letter may mation such as nomined			nt to the nomination.
Please rank, if you ar	re submitting two nom	inations: This nominee	is ranked ou	t of
Signature of Chair/Co	oordinator			