



Request for Instalment and Reinstatement of Award Form

Part 1: AWARD AND AWARD HOLDER INFORMATION			
<input type="checkbox"/> CIHR		<input type="checkbox"/> NSERC	
<input type="checkbox"/> SSHRC			
Family name, given name and initial(s) of Award Holder		Type of Award	
Application number	Committee Number (NSERC only)	Faculty/Department	
Institution		CIHR Research Institution (if different)	
Email address	Telephone number	Social Insurance Number (For awards held at foreign institutions and NSERC/SSHRC PDF)	
Mailing address		T4 Mailing address	
REQUEST FOR: <input type="checkbox"/> First Instalment (NSERC and SSHRC) Start of award: _____ (Date)		<input type="checkbox"/> Subsequent instalment (NSERC and SSHRC) Instalment date: _____ <input type="checkbox"/> Annual Progress Report (NSERC and SSHRC)	
		<input type="checkbox"/> Reinstatement of award for: _____ (Date)	
PAYMENT: <input type="checkbox"/> Through Canadian institution (including Banting and CIHR PDF awards held at Canadian institutions) <input type="checkbox"/> Directly to award holder (for awards held at foreign institutions and all NSERC/SSHRC PDF) <ul style="list-style-type: none"> <input type="checkbox"/> I have completed the Direct Deposit Form <input type="checkbox"/> I have submitted proof of Canadian citizenship or residency (SSHRC only) 			
SIGNATURE OF AWARD HOLDER: _____ DATE: _____			
Part 2: CONFIRMATION OF STATUS - To be completed by the award holder's supervisor(s) and authorized institutional official			
<input type="checkbox"/> I confirm the award holder is admitted unconditionally and registered as a full-time student, or is engaged in full-time research. <input type="checkbox"/> I confirm that the award holder has returned from an approved leave of absence and will be/is resuming studies/research for which funds were awarded.			
PRIMARY SUPERVISOR		DEPARTMENT HEAD (or designate)	
Name(print): _____		Name(print): _____	
Signature: _____		Signature: _____	
Date: _____		Date: _____	
<u>CO-SUPERVISOR (if applicable)</u>		COMMENTS:	
Name(print): _____			
Signature: _____			
Date: _____			