

Instituts de recherche en santé du Canada

Natural Sciences and Engineering Research Council of Canada

Social Sciences and Humanities Research Council of Canada naturelles et en génie du Canada Conseil de recherches en

Conseil de recherches en sciences

sciences humaines du Canada

Termination of Award Form

Part 1: AWARD AND AWARD HOLDER INFORMATION				
	□ NS	ERC		
Family name, given name and initial(s) of Award Holder		Type of Award		
Application number	Committee Number (I	NSERC only)	Faculty/Department	
Institution		CIHR Research Institution (if different)		
Email address		Telephone number		
Mailing address				
Part 2: TERMINATION INFORMATION				
I have terminated my full-time studies/research at (institution)effective date				
I understand that a refund of all or part of my last instalment(s) may be required. My reason for terminating the award is:				
□ successful completion of degree requirements □ withdrawal from the doctoral degree program □ other (specify):				
SIGNATURE OF AWARD HOLDER:		D	DATE:	
Part 3: CONFIRMATION OF STATUS To be completed by the award holder's supervisor and authorized institutional official I confirm that the award holder has terminated full-time studies/research effective (date):				
PRIMARY SUPERVISOR	<u>[</u>	DEPARTMENT HEAD (o	or designate)	
Name (print): N		Name (print):		
Signature: S		Signature:		
Date: D.		Date:		
CO-SUPERVISOR (if applicable)		COMMENTS:		
Name (print):				
Signature:				
Date:				

