



Request for Deferment of Start Date or Interruption 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	
Mailing address	Award status: <input type="checkbox"/> I have not yet started my award <input type="checkbox"/> I have not yet confirmed the institution where I will hold my award	
Part 2: DEFERMENT OF START DATE — Complete this section to request a deferment of start date		
I hereby request permission to defer the start date of my award for a period of _____ months, effective (day/month/year) _____ for the following reason:		
<input type="checkbox"/> Parental <input type="checkbox"/> Medical <input type="checkbox"/> Family-related responsibilities <input type="checkbox"/> Relocation, visa application, or academic calendar differences <input type="checkbox"/> Appropriate supporting documentation submitted <input type="checkbox"/> I expect to begin/resume my studies/research on the following date (day/month/year): _____		
SIGNATURE OF AWARD HOLDER: _____ DATE: _____		
Part 3: INTERRUPTION OF AWARD — Complete this section to request an interruption		
I hereby request permission to interrupt my award for a period of _____ months, effective (day/month/year) _____ for the following reason:		
<u>UNPAID LEAVE</u> <input type="checkbox"/> Parental <input type="checkbox"/> Relevant work experience <input type="checkbox"/> Family-related responsibilities <input type="checkbox"/> Medical <input type="checkbox"/> Appropriate supporting documentation submitted	<u>PAID LEAVE – PARENTAL</u> <input type="checkbox"/> I will be the primary caregiver for the duration of the interruption <input type="checkbox"/> Proof of birth or adoption will be required <input type="checkbox"/> I am not entitled to other paid parental benefits	
<input type="checkbox"/> I expect to resume my studies/research on the following date (day/month/year): _____		
SIGNATURE OF AWARD HOLDER: _____ DATE: _____		
Part 4: CONFIRMATION OF INSTITUTIONAL APPROVAL		
To be completed by the award holder’s supervisor and authorized institutional official		
<input type="checkbox"/> I have discussed this request with the award holder and approve the request.		
<u>PRIMARY SUPERVISOR</u> Name(print): _____ Signature: _____ Date: _____	<u>DEPARTMENT HEAD (or designate)</u> Name(print): _____ Signature: _____ Date: _____	
<u>CO-SUPERVISOR (if applicable)</u> Name(print): _____ Signature: _____ Date: _____	COMMENTS:	