



# Changes to 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								

## Part 2: CHANGE INFORMATION AND REQUIREMENTS

<u>Award Status</u> <input type="checkbox"/> I have started my award <input type="checkbox"/> I have not started my award <input type="checkbox"/> I have not confirmed the institution where I will hold my award  <input type="checkbox"/> Other required documents submitted (as applicable)	<u>Request Permission to Change</u> <input type="checkbox"/> Department/Faculty <input type="checkbox"/> Institution <input type="checkbox"/> Program of Study/Research Project/Degree <input type="checkbox"/> I have submitted a one-page summary of my new proposed research <input type="checkbox"/> Supervisor(s) <input type="checkbox"/> I have submitted a justification if appropriate
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SIGNATURE OF AWARD HOLDER: \_\_\_\_\_ DATE: \_\_\_\_\_

## Part 3: CONFIRMATION OF INSTITUTIONAL APPROVAL (if applicable)

### To be completed by the award holder's supervisor and authorized institutional official

<input type="checkbox"/> I confirm that the institution has approved this change. <input type="checkbox"/> (Banting PDF) I confirm that the institutional synergy and support as outlined in the original application will continue.	
Changes in supervisor(s): to be completed by the new supervisor(s)  <u>PRIMARY SUPERVISOR</u> Name (print): _____ Signature: _____ Date: _____  <u>CO-SUPERVISOR (if applicable)</u> Name (print): _____ Signature: _____ Date: _____	<u>DEPARTMENT HEAD (or designate)</u> <u>Banting PDF - Official Signatory</u> <u>Changes in institution - New Institution</u>  Institution: _____ Name(print): _____ Signature: _____ Date: _____  (CIHR only - if different from above) Research Institution: _____ Name(print): _____ Signature: _____ Date: _____