



Termination 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		

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: _____ 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): _____

<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: _____