



Canadian Institutes of
Health Research

Instituts de recherche en
santé du Canada

Natural Sciences and Engineering
Research Council of Canada

Conseil de recherches en sciences
naturelles et en génie du Canada

Social Sciences and Humanities
Research Council of Canada

Conseil de recherches en
sciences humaines du Canada

Degree Completion 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: DEGREE COMPLETION		
I confirm that I have fulfilled all of the requirements of the following program of study: <ul style="list-style-type: none"> <input type="checkbox"/> MA/MSc <input type="checkbox"/> PhD <input type="checkbox"/> PhD-Equivalent <input type="checkbox"/> Health-Professional Degree <input type="checkbox"/> Other: _____ 		
Degree name including specialization: _____		
On Date: _____		
SIGNATURE OF AWARD HOLDER: _____ DATE: _____		
Part 3: CONFIRMATION OF AUTHORIZED INSTITUTIONAL OFFICIAL		
The above-mentioned award holder has fulfilled all of the requirements of the program of study indicated in Part 2.		
Institution: _____		
Name (print): _____		Title: _____
Signature: _____		Date: _____