



SEND A COPY TO THE AUTHORIZED INSTITUTIONAL OFFICE RESPONSIBLE FOR ADMINISTERING THE INSTALMENT

Request for Deferment of Start Date or Interruption of Award

Part 1: AWARD HOLDER INFORMATION		
Family name	Given name and initial(s)	
Email address	Telephone number	
Mailing address		
Part 2: AWARD AND INSTITUTION INFORMATION		
<input type="checkbox"/> CIHR <input type="checkbox"/> NSERC <input type="checkbox"/> SSHRC		
Type of award	Application number	Committee number (NSERC only)
Faculty/Department	Institution	Research institution (CIHR only)
Part 3: REQUEST(S)		
I hereby request:		
<input type="checkbox"/> to defer the start date of my award for a period of _____ months, from (current, anticipated start date): _____ <small style="margin-left: 150px;">mm/dd/yyyy</small> to (new, requested start date): _____ <small style="margin-left: 150px;">mm/dd/yyyy</small> for the following reason: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Parental <input type="checkbox"/> Medical <input type="checkbox"/> Family-related responsibilities <input type="checkbox"/> Relocation, visa application, or academic calendar differences </div> <input type="checkbox"/> Supporting documentation submitted, if applicable		
<input type="checkbox"/> an unpaid interruption of my award for a period of _____ months, from (start date): _____ <small style="margin-left: 150px;">mm/dd/yyyy</small> to (end date): _____ <small style="margin-left: 150px;">mm/dd/yyyy</small> for the following reason: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Parental <input type="checkbox"/> Medical <input type="checkbox"/> Family-related responsibilities <input type="checkbox"/> Relevant work experience </div> <input type="checkbox"/> Supporting documentation submitted, if applicable		
<input type="checkbox"/> paid parental leave for a period of _____ months, from (start date): _____ <small style="margin-left: 150px;">mm/dd/yyyy</small> to (end date): _____ <small style="margin-left: 150px;">mm/dd/yyyy</small> I will be the primary caregiver for the duration of the interruption. I understand that proof of birth or adoption must be submitted.		
Signature of award holder: _____ Date: _____ <small style="margin-left: 150px;">mm/dd/yyyy</small>		
Part 4: CONFIRMATION OF APPROVAL (to be completed by the award holder's supervisor and an authorized institutional official)		
I confirm that I have discussed the proposed deferment or interruption indicated in Part 3 with the award holder and I approve the request.		
<u>SUPERVISOR</u> Title: _____ Name(print): _____ Signature: _____ Date: _____ <small style="margin-left: 150px;">(mm/dd/yyyy)</small>	<u>AUTHORIZED INSTITUTIONAL OFFICIAL</u> Title: _____ Name(print): _____ Signature: _____ Date: _____ <small style="margin-left: 150px;">(mm/dd/yyyy)</small>	