



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

## Request for First Instalment or Reinstatement of Award Paid by Canadian Institution

| Part 1: AWARD HOLDER INFORMATION   |   |   |
|--|---|---|
| Family name  | Given name and initial(s)                     |   |
| Email address  | Telephone number                              |   |
| Mailing address  | T4A mailing address (if different)            |   |
| 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: INSTALMENT/REINSTATEMENT   |   |   |
| <input type="checkbox"/> First instalment (NSERC and SSHRC only)<br><input type="checkbox"/> I have provided a copy of my Notification of Decision to my Scholarships Liaison Officer (SLO)  |   | <input type="checkbox"/> Reinstatement of award<br><input type="checkbox"/> Documents attached, if required (CIHR only) |
| Award start date: _____<br>mm/dd/yyyy  | Award reinstatement date: _____<br>mm/dd/yyyy |   |
| Signature of award holder: _____ Date: _____ (mm/dd/yyyy)  |   |   |
| Part 4: CONFIRMATION OF STATUS   |   |   |
| <b>To be completed by an SLO or equivalent official in the faculty of graduate studies or its equivalent</b>   |   |   |
| <input type="checkbox"/> I confirm the award holder is registered as a full-time student or is engaged in full-time research.<br><input type="checkbox"/> I confirm the award holder has returned from an approved leave of absence and will be/is resuming studies/research for which funds were awarded. |   |   |
| Name of official (print): _____ Title: _____   |   |   |
| Signature of official: _____ Date: _____ (mm/dd/yyyy)  |   |   |