



SEND A COMPLETED COPY TO THE AGENCY RESPONSIBLE FOR FUNDING THE AWARD: CIHR, NSERC OR SSHRC

Request for Instalment or Reinstatement of Award Paid Directly to Award Holder

Part 1: AWARD HOLDER INFORMATION

Family name	Given name and initial(s)	
Email address	Telephone number	Social Insurance 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) Award start date: mm/dd/yyyy	<input type="checkbox"/> Subsequent instalment (NSERC and SSHRC only) <input type="checkbox"/> Annual progress report attached mm/dd/yyyy	<input type="checkbox"/> Reinstatement of award <input type="checkbox"/> Documents attached, if required (CIHR only) Award reinstatement date: mm/dd/yyyy
For initial payment setup or to modify banking information (NSERC and SSHRC only): <input type="checkbox"/> Payee and Direct Deposit Enrolment Form attached		

Signature of award holder: _____ Date: _____ (mm/dd/yyyy)

Part 4: CONFIRMATION OF STATUS

To be completed by an authorized official, as determined appropriate by the host institution (dean, graduate studies official, supervisor or other designated person)

- I confirm the award holder is registered as a full-time student or is engaged in full-time research.
- 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)