



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) _____ to (new, requested start date) _____, for the following reason: <div style="text-align: right; margin-right: 50px;">mm/dd/yyyy</div> <div style="margin-left: 50px;">mm/dd/yyyy</div> <div style="margin-left: 100px;"> <input type="checkbox"/> Parental <input type="checkbox"/> Medical <input type="checkbox"/> Family-related responsibilities <input type="checkbox"/> Relocation, visa application or academic calendar differences <input type="checkbox"/> Relevant work experience <input type="checkbox"/> Supporting documentation submitted, if applicable </div>		
<input type="checkbox"/> an unpaid interruption of my award for a period of _____ months, from (start date) _____ to (end date) _____, for the following reason: <div style="text-align: right; margin-right: 50px;">mm/dd/yyyy</div> <div style="margin-left: 50px;">mm/dd/yyyy</div> <div style="margin-left: 100px;"> <input type="checkbox"/> Parental <input type="checkbox"/> Medical <input type="checkbox"/> Family-related responsibilities <input type="checkbox"/> Relocation, visa application or academic calendar differences <input type="checkbox"/> Relevant work experience <input type="checkbox"/> Supporting documentation submitted, if applicable </div>		
<input type="checkbox"/> paid parental leave for a period of _____ months, from (start date) _____ to (end date) _____ <div style="text-align: right; margin-right: 50px;">mm/dd/yyyy</div> <div style="margin-left: 50px;">mm/dd/yyyy</div> <p style="margin-left: 100px;">I will be the primary caregiver for the duration of the interruption. I understand that proof of birth or adoption must be submitted.</p>		
Signature of award holder: _____ Date: _____ <div style="text-align: right; margin-right: 50px;">mm/dd/yyyy</div>		
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: _____ <div style="text-align: right; margin-right: 50px;">mm/dd/yyyy</div>	<u>AUTHORIZED INSTITUTIONAL OFFICIAL</u> Title: _____ Name (print): _____ Signature: _____ Date: _____ <div style="text-align: right; margin-right: 50px;">mm/dd/yyyy</div>	