



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

Request for Termination 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: TERMINATION INFORMATION | | |
| I have terminated my studies/research at (institution) _____, effective _____ mm/dd/yyyy. | | |
| I understand that a refund of all or part of my last instalment(s) may be required. | | |
| I am terminating my award because: | | |
| <input type="checkbox"/> I have successfully completed my degree requirements; academic term end date: _____ (mm/dd/yyyy) | | |
| <input type="checkbox"/> I am withdrawing from my doctoral degree program <input type="checkbox"/> other (specify): _____ | | |
| Signature of award holder: _____ Date: _____ (mm/dd/yyyy) | | |
| Part 4: CONFIRMATION OF SUPERVISOR APPROVAL | | |
| To be completed by the award holder's supervisor. | | |
| I confirm that the award holder has terminated their studies/research effective on the date specified in Part 3. | | |
| Institution: _____ | Name (print): _____ | |
| Date: _____ mm/dd/yyyy | Signature: _____ | |
| Part 5: CONFIRMATION OF INSTITUTIONAL APPROVAL | | |
| To be completed by an authorized institutional official. | | |
| I confirm that the award holder has terminated their studies/research effective on the date specified in Part 3. | | |
| Institution: _____ | Name (print): _____ | |
| Title: _____ | Signature: _____ | |
| Date: _____ mm/dd/yyyy | | |