



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

Request for Changes to 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

	.. CIHR	.. NSERC	.. SSHRC
Type of award	Application number	Committee number (NSERC only)	
Faculty/department	Institution	Research institution (CIHR only)	

Part 3: CHANGE INFORMATION AND REQUIREMENTS

AWARD STATUS
 I have started my award I have not started my award

REQUEST PERMISSION TO CHANGE Effective date of change :
 Institution/place of tenure Research institution (CIHR only) Department/faculty mm/dd/yyyy
 Supervisor(s) Program of study/research project/degree

Supporting documents included, if required I have notified my old institution of the change (change of institution only)

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

Part 4: CONFIRMATION OF SUPERVISOR APPROVAL

To be completed by the award holder's supervisor. A change in supervisor(s) requires the signature of one new supervisor.
 I have discussed this request for changes to award with the award holder, and approve the request.

Institution: _____ Name (print): _____
 Date: _____ (mm/dd/yyyy) Signature: _____

Part 5: CONFIRMATION OF INSTITUTIONAL APPROVAL

To be completed by an authorized institutional official. Banting PDF requires the signature of the president (equivalent or designate).
 I confirm that the institution has approved this change.
 Banting PDF: I confirm that the institutional synergy and support outlined in the original application will continue.

Institution: _____ Name (print): _____
 Title: _____
 Date: _____ (mm/dd/yyyy) Signature: _____

CIHR ONLY
 Research institution: _____ Name (print): _____
 Title: _____
 Date: _____ (mm/dd/yyyy) Signature: _____