



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

## Degree Completion

### 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	Award host institution	Research institution (CIHR only)

### Part 3: DEGREE COMPLETION

I confirm that I have fulfilled all the requirements of the following program of study on this date: \_\_\_\_\_ mm/dd/yyyy

PhD                       PhD equivalent                       Health professional degree  
 Other \_\_\_\_\_

Degree name including specialization: \_\_\_\_\_

Degree-issuing institution: \_\_\_\_\_

Signature of award holder: \_\_\_\_\_ Date: \_\_\_\_\_ mm/dd/yyyy

### Part 4: CONFIRMATION OF INSTITUTIONAL OFFICIAL

**To be completed by an authorized institutional official at the degree-issuing institution**

I confirm that the above-mentioned award holder has fulfilled all the requirements of the program of study indicated in Part 3.

Institution: \_\_\_\_\_

Name (print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ mm/dd/yyyy