



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