Canadian Institutes of Health Research | Instituts de recherche en santé du Canada
Natural Sciences and Engineering Research Council of Canada | Conseil de recherches en sciences naturelles et en génie du Canada
Social Sciences and Humanities Research Council of Canada | Conseil de recherches en sciences humaines du Canada

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

☐ CIHR ☐ NSERC ☐ SSHRC

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

Part 3: REQUEST(S)

I hereby request:

☐ to **defer** the start date of my award for a period of 0 months, from (current, anticipated start date)_____ (mm/dd/yyyy) to (new, requested start date)_____ (mm/dd/yyyy), for the following reason:

☐ Parental ☐ Medical ☐ Family-related responsibilities ☐ Relocation, visa application or academic calendar differences
☐ Relevant work experience ☐ Supporting documentation submitted, if applicable

☐ an **unpaid interruption** of my award for a period of 0 months, from (start date)_____ (mm/dd/yyyy) to (end date)_____ (mm/dd/yyyy), for the following reason:

☐ Parental ☐ Medical ☐ Family-related responsibilities ☐ Relocation, visa application or academic calendar differences
☐ Relevant work experience ☐ Supporting documentation submitted, if applicable

☐ **paid parental leave** for a period of 0 months, from (start date)_____ (mm/dd/yyyy) to (end date)_____ (mm/dd/yyyy)

☐ I will be the primary caregiver for the duration of the interruption. ☐ I understand that proof of birth or adoption must be submitted.

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

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.

SUPERVISOR	AUTHORIZED INSTITUTIONAL OFFICIAL
Title: _____	Title:_____
Name (print): _____	Name (print):_____
Signature:_____	Signature:_____
Date: _____ (mm/dd/yyyy)	Date: _____ (mm/dd/yyyy)

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