



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			
	.. CIHR	.. NSERC	.. 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 _____.			
I understand that a refund of all or part of my last instalment(s) may be required. mm/dd/yyyy			
I am terminating my award because:			
.. I have successfully completed my degree requirements; academic term end date: _____ (mm/dd/yyyy)			
.. I am withdrawing from my doctoral degree program .. 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: _____	Signature: _____		
	mm/dd/yyyy		
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		