



**SEND THE COMPLETED FORM 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	Telephone number
Mailing address	

### Part 2: AWARD AND INSTITUTION INFORMATION

	CIHR	NSERC	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: \_\_\_\_\_ yyyy/mm/dd

PhD	PhD equivalent	Health professional degree
Other _____		

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

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

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

### Part 4: CONFIRMATION OF INSTITUTIONAL OFFICIAL To be completed by an authorized institutional official at the degree-issuing institution

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

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

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

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