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 THE COMPLETED FORM TO THE AUTHORIZED INSTITUTIONAL OFFICE RESPONSIBLE FOR ADMINISTERING THE INSTALMENT

Request for first instalment or reinstatement of award paid by Canadian institution

Part 1: AWARD HOLDER INFORMATION

Family name	Given name and initial(s)
Email	Telephone number
Mailing address	T4A mailing address (if different)

Part 2: AWARD AND INSTITUTION INFORMATION

¨ CIHR ¨ NSERC ¨ SSHRC

Registration/award status: ☐ Full-time ☐ Part-time (must have approval of agency and institution)

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

Part 3: INSTALMENT/REINSTATEMENT

¨ First instalment (NSERC and SSHRC only)

¨ I have provided a copy of the relevant award documentation (e.g., Notice of award/decision) to the awards administration officer at the host institution

Award start date: _____ yyyy/mm/dd

¨ Reinstatement of award

¨ Documents attached, if required (CIHR only)

Award reinstatement date: _____ yyyy/mm/dd

☐ I have provided a copy of this form to the authorized institutional office responsible for administering the instalment.

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

Part 4: CONFIRMATION OF STATUS

To be completed by an awards administration officer or equivalent official in the faculty of graduate studies (or its equivalent) at the host institution

¨ Instalment: I confirm the award holder is/will be registered as a student or engaged in research at the registration/award status indicated above.

¨ Reinstatement: I confirm the award holder has returned from an approved leave of absence and will be/is resuming studies/research for which funds were awarded.

Name of official (print):_____Title:_____

Signature of official:_____ Date:_____(yyyy/mm/dd)

PROTECTED B WHEN COMPLETED

Canada