



Canadian Institutes of
Health Research

Natural Sciences and Engineering
Research Council of Canada

Social Sciences and Humanities
Research Council of Canada

Instituts de recherche en
santé du Canada

Conseil de recherches en sciences
naturelles et en génie du 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: <input type="checkbox"/> Full-time	<input type="checkbox"/> 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	Reinstatement of award Documents attached, if required (CIHR only)
Award start date: _____ yyyy/mm/dd	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)