



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 deferment of start date or interruption of award

### 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	Institution	Research institution (CIHR only)

### Part 3: REQUEST(S)

I hereby request:

.. to defer the start date of my award for a period of \_\_\_\_\_ months, from (last allowable start date) \_\_\_\_\_ to (new, requested start date) \_\_\_\_\_, for the following reason: yyyy/mm/dd  
yyyy/mm/dd

.. Parental .. Medical .. Family-related responsibilities .. Relocation, visa application or academic calendar differences  
.. Relevant work experience .. Force majeure .. Administrative reasons

.. an unpaid interruption of my award for a period of \_\_\_\_\_ months, from (start date) \_\_\_\_\_ to (end date) \_\_\_\_\_, for the following reason: yyyy/mm/dd  
yyyy/mm/dd

.. Parental .. Medical .. Family-related responsibilities .. Relocation, visa application or academic calendar differences  
.. Relevant work experience .. Force majeure .. Administrative reasons

.. paid parental leave for a period of \_\_\_\_\_ months, from (start date) \_\_\_\_\_ to (end date) \_\_\_\_\_  
yyyy/mm/dd yyyy/mm/dd

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

.. The actual or expected date of birth or adoption is: \_\_\_\_\_  
yyyy/mm/dd

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

### 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.

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