



**SEND A COPY TO THE AUTHORIZED INSTITUTIONAL OFFICE
RESPONSIBLE FOR ADMINISTERING THE INSTALMENT.**

Request for Deferment of Start Date or Interruption of Award Form

Part 1: AWARD AND AWARD HOLDER INFORMATION

<input type="checkbox"/> CIHR <input type="checkbox"/> NSERC <input type="checkbox"/> SSHRC		
Family name, given name and initial(s) of Award Holder		Type of award
Application number	Committee number (NSERC only)	Faculty/Department
Institution		CIHR Research Institution (if different)
Email address		Telephone number
Mailing address		Award status: <input type="checkbox"/> I have not yet started my award <input type="checkbox"/> I have not yet confirmed the institution where I will hold my award

Part 2: DEFERMENT OF START DATE — Complete this section to request a deferment of start date

I hereby request permission to defer the start date of my award for a period of _____ months, effective (day/month/year) _____ for the following reason:

- ☐ Parental
 ☐ Medical
 ☐ Family-related responsibilities
 ☐ Relocation, visa application, or academic calendar differences
☐ Appropriate supporting documentation submitted
☐ I expect to begin/resume my studies/research on the following date (day/month/year): _____

SIGNATURE OF AWARD HOLDER: _____ DATE: _____

Part 3: INTERRUPTION OF AWARD — Complete this section to request an interruption

I hereby request permission to interrupt my award for a period of _____ months, effective (day/month/year) _____ for the following reason:

UNPAID LEAVE <input type="checkbox"/> Parental <input type="checkbox"/> Relevant work experience <input type="checkbox"/> Family-related responsibilities <input type="checkbox"/> Medical <input type="checkbox"/> Appropriate supporting documentation submitted	PAID LEAVE – PARENTAL <input type="checkbox"/> I will be the primary caregiver for the duration of the interruption <input type="checkbox"/> Proof of birth or adoption will be required
--	---

☐ I expect to resume my studies/research on the following date (day/month/year): _____

SIGNATURE OF AWARD HOLDER: _____ DATE: _____

Part 4: CONFIRMATION OF INSTITUTIONAL APPROVAL

To be completed by the award holder's supervisor and authorized institutional official

☐ I have discussed this request with the award holder and approve the request.

PRIMARY SUPERVISOR Name(print): _____ Signature: _____ Date: _____	AUTHORIZED INSTITUTIONAL OFFICIAL Name(print): _____ Signature: _____ Date: _____
CO-SUPERVISOR (if applicable) Name(print): _____ Signature: _____ Date: _____	COMMENTS: