



**NSERC**  
350 Albert Street  
Ottawa, Ontario  
K1A 1H5  
Canada

**Form 5**  
**Request for a Postgraduate Scholarship M Extension**  
**(For PGS M and CGS M holders)**



***PROTECTED when completed***

Family name, given name and initial(s) of award holder	NSERC PIN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Department and institution of tenure	
I hereby request a further 12 months of funding. Start date of graduate studies _____ <i>Date (day/month/year)</i> Start date of PGS M/CGS M _____ <i>Date (day/month/year)</i>  _____ <i>Signature of award holder</i> <span style="float:right">_____ <i>Date (day/month/year)</i></span>	
This award holder is progressing satisfactorily towards the completion of his/her studies under my supervision. Name/department of supervisor _____ Signature of supervisor _____	
Dean of Graduate Studies (or representative): Name _____ Signature _____	

Complete this form only if you applied for a PGS M/CGS M before starting your graduate studies and held it during the first 12 months of your graduate studies, or if you began your graduate studies in the January academic session immediately following the application deadline and held the award within the first 16 months of your graduate studies.