



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

**Form 6**  
**Request to Change Institution/Location of Research**  
*(Scholarships and Fellowships Division)*



**PROTECTED when completed**

Family name, given name and initial(s) of award holder	NSERC application number
Current department and institution	Type of award

**Part I: To be completed by award holder**

I request permission to change institution/location of research from \_\_\_\_\_ to \_\_\_\_\_  
*Department and institution*

\_\_\_\_\_ effective \_\_\_\_\_ under the  
*Department and institution* *Date (day/month/year)*

(new) supervision of \_\_\_\_\_  
*Printed name of head supervisor*

- I have not taken up my award (PGS holders: do not have Part II completed).
- I have taken up my award (have Part II completed).
- My research project has not changed.
- I request permission to change my research project. Since it is within such fields as psychology, management studies, geography, physical education, optometry or health sciences, I have provided a one-page outline of my new research project.

\_\_\_\_\_  
*Effective date of change (day/month/year)*

\_\_\_\_\_  
*Signature of award holder*

\_\_\_\_\_  
*Date (day/month/year)*

**Part II: To be completed by heads of the original department and proposed department**

I have discussed the change of institution with \_\_\_\_\_ and support the request.  
*Name of award holder*

\_\_\_\_\_  
*Date (day/month/year)*

\_\_\_\_\_  
*Signature of head of original department*

\_\_\_\_\_  
*Institution*

\_\_\_\_\_  
*Printed name*

\_\_\_\_\_  
*Date (day/month/year)*

\_\_\_\_\_  
*Signature of head of proposed department*

\_\_\_\_\_  
*Institution*

\_\_\_\_\_  
*Printed name*