



NSERC
350 Albert Street
Ottawa, Ontario
K1A 1H5
Canada

Form 7
Annual Progress Report/Request for Subsequent Instalment
(Scholarships and Fellowships Division)



PROTECTED when completed

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

Part I: To be completed by award holder

Award holders must attach a one-page report on the work accomplished, taking into account the following elements:

1. What progress was made during the previous year toward completing the degree requirements (courses, comprehensive examination, thesis, etc.) or research program? Did this progress meet or surpass the objectives set at the beginning of the year? Explain.
2. What progress was achieved during the previous year with respect to professional development (conference presentations, publications, etc.)?
3. What degree requirements (courses, comprehensive examination, thesis, etc.) still need to be completed? Please specify the deadlines for their completion, as well as specific objectives for the coming year.
4. Other comments, if any.

Part II: To be completed by award holder

I hereby request payment of the _____ instalment of my award for the period from _____ to _____
Date (day/month/year)

I expect to work under the terms of my award throughout the period for which payment is requested. I shall immediately inform NSERC if I discontinue my full-time studies/research, temporarily or permanently, during this period.

Please mail instalment cheque as indicated on my previous instalment request.

Please update my mailing address for:

the instalment cheque the T4A form

Mailing address (including postal code)

Tel. No(s): _____ E-mail: _____

*Signature of award holder**

Date (day/month/year)

* I have seen Part III of this form

Part III: To be completed by the supervisor

I have read the progress report prepared by the award holder. My general assessment of the award holder's progress during the past year is:

Excellent Very good Good Inadequate

Elaborate:

I confirm that the award holder is expected to continue to work under my supervision for the full period for which payment is requested and that payment of this instalment of the NSERC/NATO award is in order.

Signature of supervisor

Date (day/month/year)

Printed name

Approved _____
Signature of NSERC Program Officer

Date (day/month/year)