



NSERC
350 Albert street
Ottawa, Ontario
K1A 1H5
Canada

Form 8
Termination of Award



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

I have terminated my full-time studies/research at _____ effective
Institution
_____.
Date (day/month/year)

I understand that a refund of all or part of my last instalment(s) may be required.

My reason for terminating the award is (check a box, as appropriate):

- acceptance of full-time employment successful completion of degree requirements
 withdrawal from graduate studies other (specify) _____

Mailing address (including postal code)

Primary tel. no.: _____ Secondary tel. no.: _____

Fax: _____ E-mail: _____

Signature of award holder

Date (day/month/year)

Part II: To be completed by authorized official at university or research institution

For PGS holders only:

I confirm that the award holder has terminated full-time graduate studies, effective

Date (day/month/year)

*Signature of Dean of Graduate Studies
(or designated person)*

Printed name

Institution

Date (day/month/year)

For PDF holders only:

I confirm that the award holder has terminated full-time postdoctoral research, effective

Date (day/month/year)

*Signature of Head of Department
(or designated person)*

Printed name

Institution

Date (day/month/year)