

FORM 2 Request to Change University (To be sent to NSERC)

PROTECTED when completed

Part I: To be completed	by award holder	
Family name, given name and initial(s) of award holder		Council application number
E-mail address		Telephone number
Current department and university		Type of award PGS A PGS B
request permission to change unive	rsity	·
from	Current university	to Proposed university <u>and</u> department
effective		
	· ·	/month/year)
I have not taken up my aw my intent to transfer the av	ward. (Do not have Part II completed.)	Form (Form 1) to the university. I have advised the original university of required documentation. (Have Part II completed.)
Signature of award holder		
David Haman	I by heads of original departmen	
I have discussed the change of ur	niversity with	
	Name o	of award holder
	Department	Signature of head of original department
		Printed name
Date	 Department	Signature of head of proposed department
E-mail address		Printed name
Teleph	one number	
Part III: Request for inc	reased stipend and for balance of	of PGS A award (do not have Part II completed)
1	l'a a da	
i anii currentiy or will be registered	d in a doctoral program effective	Date (day/month/year)
I have completed the minim	num 12 months of full-time postgraduate stu	dy and I request the increased stipend for the balance of my PGS A.
My PGS A was originally avuniversity.	warded formonths and I am requ	nesting that the balance (months) be sent to me at the new
Signature of award holder		