



NSERC
350 Albert Street
Ottawa, Ontario
K1A 1H5
Canada

Form 2
Request to Change University



Note: CGS awards must be held in Canada.

PROTECTED when completed

Part I: To be completed by award holder

Family name, given name and initial(s) of award holder	NSERC application number
E-mail address	Telephone number
Current department and university	
Type of award PGS A <input type="checkbox"/> PGS B <input type="checkbox"/> PGS M <input type="checkbox"/> PGS D <input type="checkbox"/> CGS M <input type="checkbox"/> CGS D <input type="checkbox"/> Julie Payette <input type="checkbox"/>	

I request permission to change university from _____
Current university

to _____ effective _____
Proposed university and department *Date (day/month/year)*

under the proposed supervision of _____.

I have not taken up my award, but have sent my Payment Activation (Form 1B), along with a copy of your NSERC Award Notice, to the university. I have advised the original university of my intent to transfer the award. (Do not have Part II completed.)

I have taken up my award. For additional required documentation, see the [Change of University](#) section in the *Award Holder's Guide* for PGS/CGS Holders at Canadian universities. (Have Part II completed.)

Signature of award holder *Date (day/month/year)*

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

I have discussed the change of university with _____ and support the request.
Name of award holder

_____ <i>Date (day/month/year)</i>	_____ <i>Department</i>	_____ <i>Signature of head of original department</i>
		_____ <i>Printed name</i>
_____ <i>Date (day/month/year)</i>	_____ <i>Department</i>	_____ <i>Signature of head of proposed department</i>
_____ <i>E-mail</i>	_____ <i>Telephone number</i>	_____ <i>Printed name</i>

Part III: Request for increased stipend and for balance of PGS award (do not have Part II completed)

I am currently, or will be, registered in a doctoral program effective _____.
Date (day/month/year)

I have completed the minimum 12 months of full-time graduate study and I request the increased stipend for the balance of my award.

My PGS A was originally awarded for _____ months and I am requesting that the balance (_____ months) be sent to me at the new university.

Signature of award holder *Date (day/month/year)*