



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 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)

E-mail address

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