

NSERC 350 Albert Street Ottawa, Ontario K1A 1H5 Canada

FORM 3 Request for Deferment of Award

PROTECTED when completed

Family name, given name and initial(s) of award holder	NSERC application number
E-mail address	Telephone number
Mailing address	
Type of award	
PGS A PGS B PGS M PGS D CGS M CGS D	
I hereby request permission to defer my award for a period ofmonths	
effective	, for the following reason:
Illness	Maternity
Child rearing	Health-related family responsibilities
I have enclosed an official academic transcript/copy of my degree (if not already submitted with application) to confirm that I have successfully completed all requirements for my previous degree, and relevant documentation supporting my request. If I am currently registered in the program of studies for which funding was awarded, I have enclosed approval for a leave from my university.	
I expect to resume my studies on	
Signature of award holder	Date (day/month/year)

Personal Information Bank Number: NSERC SER PPU 065