

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

PROTECTED when completed

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Part I: To be completed by	award holder	
amily 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
equest permission to change university	у	•
from		to
att a attack	Current university	Proposed university <u>and</u> department
	Date (da	y/month/year)
under the proposed supe	ervision of	
my intent to transfer the award	d. (Do not have Part II completed.)	Form (Form 1) to the university. I have advised the original university of I required documentation. (Have Part II completed.)
Signature of award holder		
I have discussed the change of unive	ersity with	of award holder
Date	Department	Signature of head of original department
		Printed name
 Date	Department	Signature of head of proposed department
E-mail address		Printed name
Telephone	e number	
Part III: Request for increa	ased stipend and for balance	of PGS A 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 postgraduate st	udy and I request the increased stipend for the balance of my PGSA.
My PGS A was originally award university.	ded formonths and I am req	uesting that the balance (months) be sent to me at the new
Signature of award holder		