



Social Sciences and Humanities
Research Council of Canada

Conseil de recherches en
sciences humaines du Canada

SSHRC AWARD HOLDER'S GUIDE

**FOR DOCTORAL FELLOWSHIP HOLDERS REGISTERED AT FOREIGN INSTITUTIONS,
AND POSTDOCTORAL FELLOWSHIP HOLDERS IN CANADA OR ABROAD**

EFFECTIVE APRIL 1, 2001



Canada 

How to Reach Us

When communicating with the Council, please indicate your award number and specify the type of award.

Program

Telephone Number

- | | |
|--------------------------------|----------------|
| - Doctoral Fellowships | (613) 943-7777 |
| - William E. Taylor Fellowship | (613) 943-7777 |
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All persons requiring information on supplements should contact the Strategic Programs and Joint Initiatives Division at (613) 992-3027.

Attention:

Doctoral fellowship holders registered at Canadian universities must use the guide entitled:

*SSHRC Award Holder's Guide
for Doctoral Fellowship Holders at Canadian Universities*

Effective April 1, 2001

Published by the
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Introduction

The information in this Guide takes effect on April 1, 2001, and is valid for the duration of your award. It supersedes previous statements on Fellowships regulations by the Social Sciences and Humanities Research Council of Canada (SSHRC). It is intended for use by:

**Doctoral fellowship holders registered at foreign institutions
and
Postdoctoral fellowship holders, in Canada or abroad.**

Please read this Guide carefully. It contains important information regarding the payment and administration of your award.

SSHRC reserves the right to change award regulations and to interpret the provisions of this Guide as well as any conditions attached to an award.

Note: All personal information collected by the Council is subject to the *Access to Information Act* and the *Privacy Act*, as described in the "Regulations Governing Applications" section of the *SSHRC Fellowships Guide*.

In this Guide, "your university" refers to the university in which you are registered as a full-time student during tenure of your award, or for Postdoctoral fellows, your institution of affiliation.

In this Guide, "Council" refers to SSHRC.

In this Guide, "anniversary date" refers to the start date of your award. For example, if your award start date is the first day of the Spring term 2001, your anniversary date is therefore the first day of the Spring term 2002.

1. General Regulations

To hold an award, you must:

- abide by the regulations governing awards, as described in this Guide, in the Notice of Award and in the program description found in the *SSHRC Fellowships Guide*;
- abide by regulations regarding ethical considerations in the use of human subjects in research (see the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* in the *SSHRC Fellowships Guide* for more information);
- comply with the Council's integrity policy (see the *SSHRC Fellowships Guide* for more information);
- acknowledge, wherever possible, the Council's assistance in funding the research.

Doctoral fellowship holders must:

- have been unconditionally accepted into a recognized doctoral degree program in a field supported by the Council;
- be registered full-time and progressing satisfactorily in a doctoral degree program at a recognized university; and
- not hold or accept a tenure-track or tenured faculty position or any other full-time employment.

Postdoctoral fellowship holders must:

- be engaged in full-time research at a recognized research institution; and
- not hold or accept a tenure-track or tenured faculty position or any other full-time employment.

In addition,

- the date of degree completion is considered to be the date on which all requirements for your

degree have been met, including successful defence and submission of the corrected copy of your thesis; and

- awards may be cancelled without notice if the conditions under which they are granted are violated.

2. Value and Duration of Award

- The value and duration of your award are detailed in your Notice of Award.

✧ *Doctoral fellowship holders:* The value and duration of your award may be adjusted to take into account a change in your registration status, e.g., early completion of your degree, termination of your doctoral degree program, full- or part-time employment, etc.

✧ *Postdoctoral fellowship holders:* The value and duration of your award may be adjusted to take into account acceptance of employment that is above and beyond the teaching of one course as permitted under the terms of this program.

3. Acceptance and Refusal of Award

- You must notify the Council **within six weeks** of the date on the Notice of Award of your decision to accept or refuse the award.
- You can do this by submitting to the Council the Acceptance/Refusal card, **or** by sending an e-mail or fax containing the same information as on the Acceptance/Refusal card.
- Notification by telephone is **not** acceptable.

Note: This does not apply to current award holders.

- You must notify Council of your acceptance/refusal as specified above – even if you plan to request a deferment of your award (see Section 6 – Deferment of Award).
- The Council will cancel any award not accepted by the above deadline.
- To initiate payment of your award, see Section 5 – Activation of Payment.

4. Start Date

- If you anticipate that you will not be able to complete your degree requirements by December 31, you must decline the award. However, you may apply again in the subsequent competition as long as you remain eligible.

✧ **Doctoral fellowship holders:** If you have already begun the program of studies for which funding was awarded, you must take up your award on the first day of the May or September academic term following the announcement of the results.

- If you have not yet begun the program of studies for which funding was awarded, you may take up your award on the first day of the May, September or January academic term following the announcement of the results.

Note: A change in the start date from that indicated on your Notice of Award may affect your eligibility for, and value or duration of, the award. Please consult the Council accordingly.

✧ **Postdoctoral fellowship holders:** You can take up your award at any time between April 1 of the year in which the fellowship is awarded and January 1 of the subsequent year.

4.1 Change in Start Date

- If you wish to change your start date, see Section 10 – Change of Start Date.

5. Activation of Payment (for new awards and awards transferred to another university only)

- To activate payment of your award, please complete Form 1 – Request for First Instalment – and submit it to SSHRC one month prior to the first payment date. No payment will be made until SSHRC has received the required documentation.

■ Your award payment will be activated based on the information contained on the Request for First Instalment Form, provided you have met all general award conditions applicable to all recipients, as well as any specific conditions that were indicated on your Notice of Award.

- If any of the information that you provided to the Council changes prior to your start date, **immediately** contact the Council; this will reduce the likelihood of a delay in the payment of your award.

- If you wish to transfer to a different university/place of tenure, see Section 12 – Change of University/Place of Tenure.

✧ **Doctoral fellowship holders:** If at the time of application you were registered in a Master's program, before you can take up your award you must provide confirmation that you have successfully completed all requirements for the degree.

✧ **Postdoctoral fellowship holders:** Before you can take up your award, you must provide confirmation that you have successfully completed all requirements for your doctoral degree, if you did not already provide this confirmation as part of your application. This condition will be indicated on your Notice of Award, if applicable.

6. Deferment of Award

- Before commencing your award, you may defer it for up to three years, but only for reasons of maternity, child rearing, illness, or health-related family responsibilities.

- You may not defer your award in order to take up another award or to accept or hold employment.
- You must complete Form 6 - Request for Deferment or Interruption of Award – and send it to SSHRC as soon as possible, but no later than October 1. Supporting documentation (e.g., birth, adoption or medical certificate) confirming the reason for deferment must also be included with the request.
- Even though you intend to defer your award, you must submit confirmation to the Council that you have completed all requirements of your previous degree (if not already submitted with your application) by December 31, or your award will be cancelled.
- ✧ *Doctoral fellowship holders:* If you are currently registered in the program for which your award was provided, you must obtain an authorized leave of absence from your university. SSHRC will not defer your award otherwise.

7. Interruption of Award

- You are eligible for an unpaid leave of absence of up to three years for reasons of maternity, child rearing, illness, or health-related family responsibilities only.
- You must obtain prior approval from SSHRC for any interruption of your award.
- For approved interruptions, Council will suspend payments of your award for the duration of the interruption and will resume payment when all the conditions of your award are met (generally, upon your return to full-time studies/research).
- You may not interrupt your award in order to take up another award.
- To request an interruption, you must fill out Form 6 – Request for Deferment or Interruption of Award – and submit it to SSHRC, along with supporting documentation such as birth, adoption, or medical certificates.

- ✧ *Doctoral fellowship holders:* Approval of all leaves is conditional upon your university permitting such leaves.
- ✧ *Postdoctoral fellowship holders:* Approval of all leaves is conditional upon your supervisor supporting such leaves.

7.1 Leave for Relevant Work Experience (for doctoral fellowship holders only)

- You may interrupt your award to obtain relevant work experience. The interruption will not reduce the total amount of support available to you.
- **Doctoral fellowship holders registered in the 1st or 2nd year of a doctoral program:** You are permitted one four-month interruption of work leave during the 1st or 2nd year of your doctoral program.
- **Doctoral fellowship holders registered in the 3rd or 4th year of a doctoral program:** You are permitted two four-month interruptions of work leave during the 3rd and/or 4th year of your doctoral program.
- No two periods of leave for work experience can be consecutive.
- To request an interruption, you must complete and submit Form 6 to SSHRC.

7.2 Paid Parental Leave

- If you will be interrupting your award/studies/research within six months of a child's birth or adoption in order to be the primary caregiver for the child, you may request a paid parental leave supplement at your current stipend level for up to four months.

- You may not receive this supplement while your award is being deferred.
- Approval of this leave is conditional on your university permitting such leaves.
- The maximum period of paid leave is four months, even in cases of multiple births or adoption of more than one child at the same time.
- If both parents are supported by SSHRC, each parent may take a portion of the leave, for a combined maximum duration of four months.
- In addition, you must certify in writing to SSHRC that:
 - ★ you are not eligible for, and will not receive, employment insurance or other maternity/parental benefits from other sources;
 - ★ the other parent has not received and will not receive employment insurance or other maternity/parental benefits before or during the period that the parental benefit is paid by the Council;
 - ★ during the parental leave, you will not be engaged in your studies/research activities or employed in any capacity; and
 - ★ you will be the primary caregiver of your child during the parental leave.
- To request the paid parental leave, you must provide written proof of leave from your university, and you must complete and submit Form 6 – Request for Deferment or Interruption of Award – to SSHRC, along with a letter in which you confirm that you will adhere to the above conditions.
- You must submit a copy of the child's birth/adoption certificate to SSHRC as soon as possible after the birth/adoption of the child.

7.3 Vacation Leave

- Your university's regulations will apply with respect to vacation leave.

8. Payment of Instalments

- You will receive your instalments in Canadian currency at the mailing address you provide on the payment request forms (Forms 1 and 2).
- For income tax purposes, you must provide your Social Insurance Number on Form 1 – Request for First Instalment.
- The first instalment will be paid upon receipt of Form 1, provided all conditions attached to the award have been met. You must submit Form 2 to request the second instalment of your award.
- If you are the recipient of a multi-year award, you must complete and submit Forms 1 and 2 every year to request the first and second instalments respectively for that given year. Please make photocopies of these forms as needed for the duration of your award.
- For all years after the first year of your award, you must complete an Annual Progress Report – Form 3A or 3B, and submit it with Form 1.
- Payment request forms should be sent to the Council one month prior to the payment date.
- A prorated reduction will be made if you do not devote the full award period to your studies/research, or if you do not complete the full period covered by the award.
- SSHRC may cancel your award without further notice if a payment request is overdue by four months or more.

Doctoral fellowship holders: Awards are payable as follows:

- for tenure of six months: one payment
- for tenure of more than six months: two equal bi-annual instalments, according to the schedule set out below.

Payment Schedule – Doctoral fellowship holders (tenure > 6 months)

For tenure beginning:	Form 1 to be submitted and first instalment to be issued at the end of:	Form 2 to be submitted and second instalment to be issued at the end of:
May	May	October
September	August	February
January	January	May

Payment Schedule – Postdoctoral fellowship holders

Awards are payable bi-annually in two equal instalments according to the payment schedule set out below:

For tenure beginning:	Form 1 to be submitted and first instalment to be issued at the end of:	Form 2 to be submitted and second instalment to be issued at the end of:
April	May	October
May	May	October
June	May	October
July	June	November
August	July	February
September	August	February
October	September	February
November	October	February
December	November	May
January	January	June

Research Allowance (Postdoctoral fellowship holders only)

- The research allowance may only be used for direct costs involved in conducting the research and communicating research results.
- If awarded, the research allowance will be paid in full with the first instalment of the award.
- This is an accountable allowance, and a financial report (Form 11 – Research Allowance Statement of Account) must be submitted to SSHRC no later than three months after the end of the period of tenure.

■ Eligible expenses include:

1. Salaries (including benefits) for undergraduate and/or graduate students, and salaries to others
2. Professional and technical services/ contracts
3. Materials, supplies and other expenditures (includes the purchase of a computer and computer software)
4. Travel (must be at the rates in force at the host institution)

5. Per diem (must be at the rates in force at the host institution).

■ **Ineligible expenses include:**

1. Any costs incurred before an award is granted
2. Research leading to a degree
3. Research costs of research collaborators
4. Any research expenses related to work being carried out by the researcher under contract to a public or private agency or firm for their own purposes, with the exception of work commissioned by a non-government publisher
5. Activities with no significant research component (e.g. the conduct of public opinion polls that do not include analysis likely to produce new knowledge, the review of literature, the preparation of research proposals, the carrying out of projects that summarize the findings of other researchers but involve no original research)
6. Fees for consultation with colleagues or for their participation in the research
7. Contingency allowances
8. Indirect costs (e.g. medical insurance) or administrative overhead
9. The purchase or rental of standard office equipment such as desks, chairs, filing cabinets, photocopiers, facsimile machines and answering machines
10. Sales taxes to which an exemption or rebate applies
11. Child care expenses
12. The cost of memberships in professional associations
13. Professional training or development, including computer and language training
14. Preparation of teaching materials

15. Curriculum development (e.g. preparation of course material, syllabus, etc., designed for a program of teaching) unless of demonstrated theoretical importance
16. Entertainment and hospitality costs
17. Severance pay
18. Requests for translation (unless specifically for a research instrument, e.g. questionnaire, or for communication of research results)

9. Reinstatement of Award

- To reinstate a deferred or interrupted award, you must confirm the exact date you intend to reinstate your award by completing and submitting Form 7 – Request for Reinstatement of Award to the Council at least eight weeks before resuming your studies or research. See also Section 5 – Activation of Payment.
- Awards will be governed by the regulations applicable at the time of reinstatement.

10. Change of Start Date

- ✧ *Doctoral fellowship holders:* A change in the start date may affect SSHRC's determination of your year in the doctoral program. The Fellowships Division must be consulted prior to making any change.

If you were registered in a Master's program at the time of application, you must provide confirmation that you have successfully completed all requirements for the degree, before you can take up your award.

- ✧ *Postdoctoral fellowship holders:* Your award may start only after you have successfully completed your doctoral degree. The date of the successful defence of your doctoral dissertation determines the start date of your award. For example, if you defend your dissertation on September 15, the earliest your award can start is October 1st.

11. Change in Program of Study or Research

- Approval from SSHRC is required for a substantial change in the program of study or research.
- To request approval for a change in the program of study or research, you must submit Form 5 – Request for a Change of Program of Study or Research to the Council.
- If you modify your program of study or research to the extent that the field of study no longer falls under SSHRC's mandate, you will no longer be eligible to hold the award and SSHRC will cancel it.

12. Change of University/Place of Tenure

Before changing your university/place of tenure, you must obtain approval from SSHRC. Such requests should be made as soon as possible, preferably eight weeks prior to your start or transfer date.

Doctoral fellowship holders:

- To change your university **before taking up the award:**

If you have not yet commenced your doctoral program, you must complete Form 4 – Request to Change University – Part I, and send it to SSHRC.

If you have already commenced your doctoral program, you must complete Form 4 – Request to Change University – Parts I and II, signed by the head of the department at the university to which you propose to transfer, and send it to SSHRC.

- To change your university **after the award has been taken up:**

You must send to SSHRC the duly completed Form 4 – Request to Change University – Parts I and II, signed by the head of the department at the university to which you propose to transfer.

Note: A transfer will not be approved unless full credit for all prior doctoral studies is granted by the new university.

Postdoctoral fellowship holders:

- To change your place of tenure **before or after the award has been taken up**, you must send the following documentation to SSHRC:
 - a letter justifying your reasons for the change;
 - a letter of support from the proposed university indicating the infrastructural support that it will provide (office space, library privileges, e-mail account, course to be taught, etc.); and
 - a letter from the new supervisor commenting on how your program of work relates to the research interests and strengths of the department or research group.

Note: You may transfer to a foreign institution only if your doctorate was earned at a Canadian university.

13. Other Sources of Income (employment and other awards)

- You may not concurrently hold an award from another federal granting agency (CIHR or NSERC). You may, however, accept awards regardless of value, from other sources (such as provincially administered awards programs, private organizations, foreign granting agencies or your university) .

✧ **Doctoral fellowship holders:** SSHRC expects award holders to devote the majority of their time to completing their degree program. The Council limits the number of hours of employment per year to 450.

Payment of the award during paid internships that are a program requirement is permitted, provided you maintain full-time registration in your doctoral program. Should the internship preclude holding a fellowship, the fellowship stipend for the period

of the internship must be relinquished and cannot be carried forward to a future date, since the duration of the internship will be included in the calculation of the number of eligible years of support.

- ✧ **Postdoctoral fellowship holders:** You may teach the equivalent of one full course per year. No other employment is permitted.

14. Annual Progress Reports

- You must submit to SSHRC Form 3A or 3B – Annual Progress Report two months prior to the anniversary date of your award. Complete the Form in conjunction with your supervisor and department head.
- This report must accompany your request for the payment of all first instalments, due in future years. For example, doctoral fellowship holders who were awarded a four-year fellowship must submit three annual progress report forms two months prior to the anniversary date of their award. Postdoctoral fellowship holders are required to submit the form once, two months prior to the anniversary date of their award.
- Two months prior to the anniversary date is equal to one month prior to the payment date.
- SSHRC may cancel the award if your progress is judged unsatisfactory.

15. Termination of Award

- If you terminate your program of study or research for any reason prior to the end of your award tenure, you must complete Form 8 – Termination of Award.
- If you accept full-time employment while holding a fellowship, regardless of whether you have completed your degree/research or not, the award will be terminated as of the effective date of your

contract of employment. You must submit a copy of the contract from your employer to SSHRC. The value of the award will be prorated and any funds already paid that are intended for use beyond this date must be returned to SSHRC.

- SSHRC will contact you to reclaim any overpayment of your award.
- ✧ **Doctoral fellowship holders:** If you have submitted your thesis, you are still eligible to receive your payments until the defence is successfully completed, provided you have not accepted full-time employment and are still registered full-time in the graduate studies program for which funding was awarded.
- If you fulfill all degree requirements (i.e., successful defence and submission of the corrected copy of the thesis) prior to the termination date of the award, SSHRC is to be advised by a university official of the actual date on which the requirements were completed. In such cases, SSHRC normally requires reimbursement of the award overpayment, since the value of the award is prorated according to the number of months of tenure.

16. Degree Completion

Doctoral fellowship holders: Award holders must inform SSHRC once they have obtained their doctorate, by completing and submitting Form 9 – Notice of Receipt of Degree.

17. Final Report

- No later than three months after the end of the period of your award tenure you must submit to SSHRC a completed Form 10A or 10B – Final Report.
- The submission of this report is a condition of the award.

18. Taxation and Other Issues

- **Taxation: Fellowships are taxable.** SSHRC does not make any deductions at source. Therefore, you are responsible for paying any necessary income tax. The date on the instalment cheque will determine the year in which you will be taxed for the instalment. **You are not permitted to defer an instalment to the next taxation year.** All inquiries related to tax regulations must be addressed to Revenue Canada, Taxation. For information on taxable income, obtain the appropriate Interpretation Bulletin from your district taxation office.
- **Release of T4A Forms:** You will receive your T4A form at your mailing address in February following the taxation year in question. The form will indicate "*Scholarship*" for Doctoral Fellowships and the William E. Taylor Fellowship, and "*Research Grant*" for Postdoctoral Fellowships.
- **Insurance:** The Council is unable to assume liability for accidents, illness, or losses that may occur during the tenure of an award. You are responsible for ensuring that you have appropriate insurance.
- **Foreign Immigration and Taxation Regulations:** If you hold or intend to hold your award at an institution outside of Canada, you must contact the appropriate agencies for immigration and taxation regulations. SSHRC cannot advise award holders on such matters.
- **Access to Information Act and Privacy Act:** We encourage you to read the Acts as they pertain to application information (see the *SSHRC Fellowships Guide*).



FORM 3A — Annual Progress Report (for doctoral fellowship holders)

Please make photocopies of this Form as needed for the duration of your award.

PROTECTED WHEN COMPLETED

Family name	Given name	Initials
Department and university of tenure		Award number
Primary Telephone ()		Secondary Telephone ()
Fax ()	E-mail	
PART I — Award holder's report		
Award holders must attach a one-page report of the work accomplished. You must take account of the following elements:		
<ol style="list-style-type: none"> 1. What progress was made during the previous year toward completing the program requirements (courses, comprehensive examination, thesis, etc.)? Did this progress meet or surpass the objectives set at the beginning of the year? Explain. 2. What progress was achieved during the previous year with respect to professional development in the program of study? Please provide details on any publications and/or papers presented before learned societies or conferences, and teaching experience. 3. What program requirements (courses, comprehensive examination, thesis, etc.) still need to be completed? Please specify the deadlines for their completion, including the specific objectives for the next year. 4. Other comments, if any. 		
PART II — Comments of thesis director		
<ol style="list-style-type: none"> 1. How often do you meet with the award holder? <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Every two months <input type="checkbox"/> Rarely or never 2. When do you expect the thesis to be submitted? Date: 3. What is your general assessment of the award holder's progress during the past year? <input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Inadequate (Attach any relevant documents) Elaborate: 		
Date	Signature	
University	Printed name	
PART III — Comments of the Dean of Graduate Studies or designated person		
<input type="checkbox"/> Fully satisfactory report <input type="checkbox"/> Unsatisfactory report (please indicate what measures have been or will be taken to redress the situation)		
Date	Signature	
University	Printed name	



FORM 3B — Annual Progress Report

(for postdoctoral fellowship holders)

Please make photocopies of this Form as needed for the duration of your award.

PROTECTED WHEN COMPLETED

Family name	Given name	Initials
Department and university of tenure		Award number
Primary Telephone ()		Secondary Telephone ()
Fax ()	E-mail	
PART I — Award holder's report		
Award holders must attach a one-page report of the work accomplished. You must take account of the following elements:		
<ol style="list-style-type: none"> 1. What progress was made during the previous year in the program of research? Did this progress meet or surpass the objectives set at the beginning of the year? Explain. 2. What progress was achieved during the previous year with respect to professional development? Please provide details on any publications and/or papers presented before learned societies, the development of personal research networks, and teaching experience. 3. Provide a short outline of the infrastructure that was provided by your university of affiliation (eg., office space, library privileges, course to be taught, etc.). 4. If you are teaching one course, please provide information on the subject taught, the level of study (graduate or undergraduate), and number of students. 5. Please comment on the degree to which the department has involved you in its activities (e.g., the mentoring of students, any administrative duties, or other activities). 		
PART II — Comments of supervisor		
<ol style="list-style-type: none"> 1. How often do you meet with the award holder? <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Every two months <input type="checkbox"/> Rarely or never 2. What infrastructure has the department provided? _____ 3. What is your general assessment of the award holder's progress during the past year? <input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Inadequate (Attach any relevant documents) Elaborate: _____ 		
Date	Signature	
University	Printed name	
PART III — Comments of the Head of Department or designated person		
Please describe briefly the degree of involvement of the award holder in departmental activities:		
<input type="checkbox"/> Fully satisfactory report <input type="checkbox"/> Unsatisfactory report (please indicate what measures have been or will be taken to redress the situation)		
Date	Signature	
University	Printed name	



FORM 4 — Request to Change University

(for doctoral fellowship holders only)

PROTECTED WHEN COMPLETED

Family name	Given name	Initials
Current department and university		Award number
PART I — To be completed by award holder		
I request permission to change university		
from _____	to _____	
current university	proposed university	
effective _____		
day / month / year		
<input type="checkbox"/> I have not taken up my award and have not yet commenced my doctoral program (Part II does not have to be completed.)		
<input type="checkbox"/> I have taken up my award and have already commenced my doctoral program (Part II has to be completed.)		
Mailing address		
Street		
City	Province	Postal code
Telephone Primary ()	Telephone Secondary ()	
Fax ()	E-mail	
Signature of award holder _____		Date _____
PART II — To be completed by the Head of the proposed department		
In addition to supporting the request for change of university, I certify that all prior doctoral studies will be credited to the award holder's degree.		
_____	_____	
Date	Signature of Head of Department (or designated person)	
_____	_____	
University	Printed name	
_____	_____	
Telephone	E-mail	



FORM 5 — Request for a Change of Program of Study or Research

PROTECTED WHEN COMPLETED

Family name	Given name	Initials
Department and university of tenure		Award number
PART I — To be completed by award holder		
I hereby request permission to change my program of study or research project, effective _____ day / month / year		
I am attaching a one-page outline of my new proposal.		
Mailing address		
Street		
City	Province	Postal code
Telephone Primary ()	Telephone Secondary ()	
Fax ()	E-mail	
Signature of award holder _____		Date _____
PART II — To be completed by the award holder and supervisor or Dean of Graduate Studies		
<p>For doctoral fellowship holders only:</p> <p><input type="checkbox"/> I have not taken up my award and have not yet commenced my doctoral program.</p> <p><input type="checkbox"/> I have taken up my award and have already commenced my doctoral program.</p> <p>I support the change in the award holder's program of study.</p> <p>_____</p> <p>Signature of Dean of Graduate Studies (or designated person)</p> <p>_____</p> <p>Printed name</p> <p>_____</p> <p>University _____ Date _____</p> <p>_____</p> <p>Telephone _____ E-mail _____</p>	<p>For postdoctoral fellowship holders only:</p> <p><input type="checkbox"/> I have not taken up my award.</p> <p><input type="checkbox"/> I have taken up my award.</p> <p>I support the change in the award holder's research project.</p> <p>_____</p> <p>Signature of supervisor</p> <p>_____</p> <p>Printed name</p> <p>_____</p> <p>University _____ Date _____</p> <p>_____</p> <p>Telephone _____ E-mail _____</p>	



FORM 6 — Request for Deferment or Interruption of Award

PROTECTED WHEN COMPLETED

Given name	Family name	Initials
Department and university of tenure		Award number

PART I — To be completed by award holder

I hereby request permission to:

defer my award. I have enclosed an official academic transcript/copy of my degree (if not already submitted with my application) to confirm that I have successfully completed all requirements for my previous degree, and relevant documentation supporting my request.

OR

interrupt my award. I have enclosed relevant documentation supporting my request.

for a period of _____ month(s) effective _____, for the following reason:
day / month / year

- | | | |
|--|--|--|
| <input type="checkbox"/> illness | <input type="checkbox"/> maternity | <input type="checkbox"/> health-related family responsibilities |
| <input type="checkbox"/> paid parental leave | <input type="checkbox"/> child rearing | <input type="checkbox"/> relevant work experience (for doctoral fellowship holders only) |

For doctoral fellowship holders only: If you are currently registered in the program of study for which funding was awarded, you must enclose a copy of your authorized leave of absence from your university.

I expect to resume my studies/research on _____
day / month / year

Mailing address

Street		
City	Province	Postal code
Telephone Primary ()	Telephone Secondary ()	
Fax ()	E-mail	

Signature of award holder _____ Date _____

PART II — Support for deferment or interruption of award (for postdoctoral fellowship holders only)

I have discussed this request for deferment or interruption with the award holder and support the request.

_____ Date	_____ Signature of supervisor
_____ University	_____ Printed name



FORM 7 — Request for Reinstatement of Award

PROTECTED WHEN COMPLETED

Family name	Given name	Initials
Department and university of tenure		Award number
PART I — To be completed by award holder		
I wish to reinstate my award on _____ at _____ <div style="display: flex; justify-content: space-between; width: 100%;"> day / month / year university </div>		
Mailing address		
Street		
City	Province	Postal code
Telephone Primary ()	Telephone Secondary ()	
Fax ()	E-mail	
<div style="border-top: 1px solid black; padding-top: 5px;"> Signature of award holder _____ Date _____ </div>		
PART II — Support for reinstatement of award (To be completed by authorized official at university or research institution)		
<p>For doctoral fellowship holders only:</p> <p>I wish to confirm that the award holder will return to full-time doctoral studies on _____ <div style="display: flex; justify-content: flex-end; width: 100%;"> day / month / year </div> at _____ <div style="display: flex; justify-content: flex-end; width: 100%;"> university </div> </p> <hr/> <p>Signature of Dean of Graduate Studies (or designated person)</p> <hr/> <p>Printed name</p> <hr/> <p>University _____ Date _____</p>	<p>For postdoctoral fellowship holders only:</p> <p>I wish to confirm that the award holder will return to full-time postdoctoral research on _____ <div style="display: flex; justify-content: flex-end; width: 100%;"> day / month / year </div> at _____ <div style="display: flex; justify-content: flex-end; width: 100%;"> university or research institution </div> </p> <hr/> <p>Signature of Supervisor</p> <hr/> <p>Printed name</p> <hr/> <p>University _____ Date _____</p>	



FORM 8 — Termination of Award

PROTECTED WHEN COMPLETED

Given name	Family name	Initials
Department and university of tenure		Award number
PART I — To be completed by award holder		
<p>I have terminated my full-time studies/research at _____ university</p> <p>effective _____ day / month / year .</p> <p>I understand that a refund of all or part of my last instalment(s) may be required. For postdoctoral fellowship holders only, append Form 11 — Research Allowance Statement of Account.</p> <p>My reason for terminating the award is (check boxes as appropriate):</p> <p><input type="checkbox"/> change to part-time registration status <input type="checkbox"/> acceptance of full-time employment (append copy of contract)</p> <p><input type="checkbox"/> successful completion of degree requirements <input type="checkbox"/> withdrawal from the doctoral degree program</p> <p><input type="checkbox"/> other (specify) _____</p>		
Mailing address		
Street		
City	Province	Postal code
Telephone Primary ()	Telephone Secondary ()	
Fax ()	E-mail	
Signature of award holder _____ Date _____		
PART II — To be completed by authorized official at university or research institution		
<p>For doctoral fellowship holders only:</p> <p>I confirm that the award holder has terminated full-time doctoral studies, effective _____ day / month / year</p> <p>_____ Signature of Dean of Graduate Studies (or designated person)</p> <p>_____ Printed name</p> <p>_____ University _____ Date</p>	<p>For postdoctoral fellowship holders only:</p> <p>I confirm that the award holder has terminated full-time postdoctoral research, effective _____ day / month / year</p> <p>_____ Signature of Head of Department (or designated person)</p> <p>_____ Printed name</p> <p>_____ University _____ Date</p>	



FORM 9 — Notice of Receipt of Degree

Doctoral fellowship holders must submit this form to the Council upon successful completion of the doctoral degree.

PROTECTED WHEN COMPLETED

Family name	Given name	Initials
Department		Award number
PART I — To be completed by award holder		
<p>I am pleased to report that on _____ I obtained a Doctorate in _____</p> <p style="text-align: center;">day / month / year discipline</p> <p>from _____</p> <p style="text-align: center;">university</p> <p>Title of dissertation or thesis: _____</p> <p>_____</p> <p>Duration of doctoral program (years and months): _____</p> <p>Overall rating of your experience at this university: <input type="checkbox"/> Outstanding <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor</p> <p>Please provide additional comments if desired:</p> <p>_____</p> <p>_____</p> <p>_____</p>		
Mailing address		
Street		
City	Province	Postal code
Telephone Primary ()	Telephone Secondary ()	
Fax ()	E-mail	
<p>Name of current or future employer (if applicable) _____ as of _____</p> <p style="text-align: right;">day / month / year</p> <p>Position title _____ Department _____</p> <p>Tenure-track <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Tenured <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>The National Library of Canada is interested in obtaining copies of theses from doctoral fellows who have obtained their degree from a foreign university. To this end, I authorize the Council to release this form to the National Library of Canada.</p> <p>Signature of award holder _____ Date _____</p>		



FORM 10A — Final Report (for doctoral fellowship holders only)

To be completed by doctoral fellowship holders no later than three months after the end of the period of tenure of the final award.

PROTECTED WHEN COMPLETED

Family name	Given name	Initials
Department and university of tenure		Award number

PART I — To be completed by award holder

A one-page report on the work accomplished as a SSHRC award holder must be attached to this form and both items submitted to SSHRC. You must take account of the following elements:

1. What progress was made during the period of tenure of the award toward the successful completion of the doctoral degree program? Did this progress meet or surpass the objectives set at the beginning of the award? Explain.
2. What progress was achieved during the period of tenure of the award with respect to professional development in the program of study? Please provide details on any publications and/or papers presented before learned societies or conferences, and teaching experience.
3. What program requirements (courses, comprehensive examination, thesis, etc.), if any, still need to be completed?
4. Please provide additional comments, if desired.

Overall rating of your experience at this university: Outstanding Very good Good Fair Poor

Mailing address

Street		
City	Province	Postal code
Telephone Primary ()	Telephone Secondary ()	
Fax ()	E-mail	

Name of current or future employer (if applicable) _____ as of _____ day / month / year

Position title _____ Department _____

Tenure-track Yes No N/A

Tenured Yes No N/A

Signature of award holder _____ Date _____

PART II — To be completed by Dean of Graduate Studies

I have examined the attached final report of the work accomplished by the award holder during the period of tenure of the SSHRC award and attest to its accuracy.

_____ Date

_____ Signature of Dean of Graduate Studies

_____ University

_____ Printed name



FORM 10B — Final Report (for postdoctoral fellowship holders only)

To be completed by PDF award holders no later than three months after the end of the period of tenure of the final award.

PROTECTED WHEN COMPLETED

Family name	Given name	Initials
Department and university of tenure		Award number

PART I — To be completed by award holder

A one-page report on the work accomplished as a SSHRC award holder must be attached to this form and both items submitted to SSHRC. You must take account of the following elements:

1. What progress was made during the period of tenure of the award in the program of research? Did this progress meet or surpass the objectives set at the beginning of the award? Explain.
2. What progress was achieved during the period of tenure of the award with respect to professional development? Please provide details on any publications and/or papers presented before learned societies, the development of personal research networks, and teaching experience.
3. Provide a short outline of the infrastructure that was provided by your university of affiliation (e.g., office space, library privileges, course taught, etc.).
4. If you taught during the period of tenure of the award, please provide information on the subject(s) taught, the level of study (graduate or undergraduate), and number of students.
5. Please comment on the degree to which the department involved you in its activities (e.g., the mentoring of students, any administrative duties, or other activities).
6. Additional comments, if desired.

Overall rating of your experience at this university: Outstanding Very good Good Fair Poor

Mailing address

Street		
City	Province	Postal code
Telephone Primary ()	Telephone Secondary ()	
Fax ()	E-mail	

Name of current or future employer (if applicable) _____ as of _____
day / month / year

Position title _____ Department _____

Tenure-track Yes No N/A

Tenured Yes No N/A

Signature of award holder _____ Date _____

PART II — To be completed by the Department Head

I have examined the attached final report of the work accomplished by the award holder during the period of tenure of the SSHRC award and attest to its accuracy.

University

Printed name



FORM 11 — Research Allowance Statement of Account

(for postdoctoral fellowship holders only)

IMPORTANT NOTICE: The Research Allowance is an accountable allowance. A signed “Statement of Account” must be filed within three months of the end of the period of tenure.

PROTECTED WHEN COMPLETED

Family name	First name	Initials
Mailing address		Award number
Street		
City	Province	Postal code
Telephone Primary ()	Telephone Secondary ()	
Fax ()	E-mail	
Total funds available		A \$
Expenditures incurred		
1. Salaries (including benefits)		
a) Undergraduate students		\$
b) Graduate students		\$
2. Salaries to others (including benefits)		\$
3. Professional and technical services/contracts		\$
4. Materials, supplies and other expenditures		\$
5. Travel		\$
6. Per diem (must be at the rates in force at the host institution)		\$
Total expenditures incurred		B \$
Balance (A - B)		\$
Unspent balance		
Outstanding commitments at the end of the period of tenure		C \$
Balance (B - C) — to be reimbursed to the SSHRC		\$
<p>I hereby certify that the above statement is correct, and that the expenditures a) conform to the general conditions governing Postdoctoral Fellowships as outlined in the <i>Award Holder's Guide</i>, and b) were for the purpose for which the award was made.</p>		
Signature of award holder _____		Date _____