

FORM 4 Request to Change University/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 university	Type of award
Part I: To be completed by award holder	
I request permission to change university/location of research	
fromCurrent institution	to
effective	
Date (day/month/year)	
under the supervision (new) of	
I have not taken up my award. (PDF holders only.)	I have taken up my award. (Have Part II completed.)
Signature of award holder	 Date
Part II: To be completed by heads of original department and proposed department	
I have discussed the change of university/location of research with	and support the request. Name of award holder
Date	Signature of head of original department
	Printed name
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 Date	Signature of head of proposed department
Department	Printed name
Part III: Request for a change of research project – to be completed by award holder	
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 an outline of my new research project.	
Effective date of change (day/month/year)	Name of proposed supervisor
Signature of award holder	Date