



Family name, given name and initial(s) of award holder
NSERC application number
Department and university of tenure
Type of award

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 application] to confirm that I have successfully completed all requirements for my 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.)
Interrupt my award (I have enclosed relevant documentation supporting my request.)

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

- illness, child rearing, health-related family responsibilities, relevant work experience, maternity, if this interruption is approved, I will be requesting paid parental leave - see section 7.2.

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

Signature of award holder, Date

Part II: Support for Interruption of Award (not required for deferment) - to be completed by authorized official at institution

I have discussed this request with the award holder and support the request.

Date

Signature of supervisor

Printed name

Date

Signature of Dean of Graduate Studies
(required ONLY for PGS/SES holders)

Printed name

Part III: Reinstatement of award - to be completed by award holder

I wish to reinstate my award on _____ at _____
Date (day/month/year) Name of university

Signature of award holder

Date