## Request for Deferment of Award (To be sent to the appropriate council)

NSERC			SSHRC	
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## PROTECTED when completed

Family name, given name and initial(s) of award holder	Council application number			
E-mail address	Telephone number			
Mailing address				
Department and university of tenure	Type of award			
	NSERC PGS A ☐ NSERC PGS B ☐ SSHRC Doctoral ☐			
I hereby request permission to defer my award for a period of effective, for	months or the following reason:			
Date (day/month/year)	Tallo following reason.			
illness maternity				
child rearing he	ealth-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				
	Date (day/month/year)			
Signature of award holder	Date			

Personal Information Bank Number: NSERC SER PPU 065, SSHRC SHR PPU 055

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