

FORM 3 Request for Increased Stipend/Balance of Award (Scholarships and Fellowships Division)

PROTECTED when completed

		THOTEOTED When completed
Family name, given name and initial(s) of award holder	Social insurance number	NSERC application number
Department and university of tenure	Type of award	
Part I: To be completed by award holder		
I request the increased stipend for the balance of my PGS A. I have completed the minimum 12 months of full-time postgraduate study and am currently registered full-time in a doctoral program.		
My PGS A was originally awarded for less than 24 months and I am requesting the balance since I am now registered full-time in a doctoral program.		
Signature of award holder	_	Date
Part II: To be completed by Dean of Graduate Studies		
I confirm that the award holder has been admitted unconditionally to the doctoral program on		
and has completed the minimum of 12 months of full-time postgraduate study. Date (day/month/year)		
Signature of Dean of Graduate Studies		Date
	_	

Personal Information Bank Number: NSERC SER PPU 065

