



**NSERC**

**FORM 8**  
**Termination of Award**  
(Finance Division)

***PROTECTED when completed***

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

I have terminated my full-time studies/research at the above institution effective \_\_\_\_\_ .  
*Date (day/month/year)*

I understand that a refund of all or part of my last instalment(s) may be required. My reason for terminating the award is:

☐ completion of degree requirements

☐ other

\_\_\_\_\_  
*Signature of award holder*

\_\_\_\_\_  
*Date*

Change of mailing address (since last communication):

\_\_\_\_\_  
*Mailing address (including postal code)*

Tel. No(s).: \_\_\_\_\_ E-mail: \_\_\_\_\_