



**SEND A COPY TO THE AUTHORIZED INSTITUTIONAL OFFICE  
RESPONSIBLE FOR ADMINISTERING THE INSTALMENT.**

## Request for Instalment and Reinstatement of Award Form

<b>Part 1: AWARD AND AWARD HOLDER INFORMATION</b>			
<input type="checkbox"/> CIHR <input type="checkbox"/> NSERC <input type="checkbox"/> SSHRC			
Family name, given name and initial(s) of Award Holder		Type of Award	
Application number	Committee Number (NSERC only)	Faculty/Department	
Institution		CIHR Research Institution (if different)	
Email address	Telephone number	Social Insurance Number (For awards held at foreign institutions and NSERC/SSHRC PDF)	
Mailing address		T4 Mailing address	
REQUEST FOR: <input type="checkbox"/> First Instalment (NSERC and SSHRC)  Start of award: _____ (Date)	<input type="checkbox"/> Subsequent instalment (NSERC and SSHRC) Instalment date: _____  <input type="checkbox"/> Annual Progress Report (NSERC and SSHRC)	<input type="checkbox"/> Reinstatement of award for:  _____ (Date)	
PAYMENT: <input type="checkbox"/> Through Canadian institution (including Banting and CIHR PDF awards held at Canadian institutions) <input type="checkbox"/> Directly to award holder (for awards held at foreign institutions and all NSERC/SSHRC PDF) <input type="checkbox"/> I have completed the Direct Deposit Form <input type="checkbox"/> I have submitted proof of Canadian citizenship or residency (SSHRC only)			
SIGNATURE OF AWARD HOLDER: _____ DATE: _____			
<b>Part 2: CONFIRMATION OF STATUS -</b>			
<b>To be completed by the award holder's supervisor(s) and authorized institutional official</b>			
<input type="checkbox"/> I confirm the award holder is admitted unconditionally and registered as a full-time student, or is engaged in full-time research. <input type="checkbox"/> I confirm that the award holder has returned from an approved leave of absence and will be/is resuming studies/research for which funds were awarded.			
<u>PRIMARY SUPERVISOR</u>  Name(print): _____  Signature: _____  Date: _____		<u>AUTHORIZED INSTITUTIONAL OFFICIAL</u>  Name(print): _____  Signature: _____  Date: _____	
<u>CO-SUPERVISOR (if applicable)</u>  Name(print): _____  Signature: _____  Date: _____		COMMENTS:	