



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

Request for Instalment and Reinstatement of Award Form

Part 1: AWARD AND AWARD HOLDER INFORMATION

<input type="checkbox"/> CIHR <input type="checkbox"/> NSERC <input checked="" type="checkbox"/> SSHRC		
Family name, given name and initial(s) of Award Holder Lukits Stefan H		Type of Award SSHRC Postdoctoral Fellowship
Application number 756-2017-0286	Committee Number (NSERC only)	Faculty/Department Philosophy
Institution University of Toronto		CIHR Research Institution (if different)
Email address sediomyle@gmail.com	Telephone number 604-321-3440	Social Insurance Number (For awards held at foreign institutions and NSERC/SSHRC PDF) 741327712
Mailing address 20 22nd Avenue East Vancouver BC V5V 1T4		T4 Mailing address same
REQUEST FOR: <input checked="" type="checkbox"/> First Instalment (NSERC and SSHRC) Start of award: September 1, 2017 (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 checked="" type="checkbox"/> Directly to award holder (for awards held at foreign institutions and all NSERC/SSHRC PDF) <input checked="" type="checkbox"/> I have completed the Direct Deposit Form <input checked="" type="checkbox"/> I have submitted proof of Canadian citizenship or residency (SSHRC only)		
SIGNATURE OF AWARD HOLDER: <u><i>Stefan Lukits</i></u> DATE: <u>July 31, 2017</u>		

Part 2: CONFIRMATION OF STATUS -

To be completed by the award holder's supervisor(s) and authorized institutional official

<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.	
PRIMARY SUPERVISOR Name(print): _____ Signature: _____ Date: _____	AUTHORIZED INSTITUTIONAL OFFICIAL Name(print): _____ Signature: _____ Date: _____
CO-SUPERVISOR (if applicable) Name(print): _____ Signature: _____ Date: _____	COMMENTS: _____ _____ _____