



## Final Report (for postdoctoral fellowship holders only)

To be completed by postdoctoral fellowship holders no later than <b>three months</b> after the end of the period of tenure of the award.				
Award holder family name		Award holder given name		Initials
Full name of institution				
Department/Division name			Award number	
Award holder's mailing address  _____  _____		Primary telephone number Country code    Area code    Number    Extension		
		Secondary telephone number Country code    Area code    Number    Extension		
Award holder's primary email		Fax		
<b>Part I - To be completed by award holder</b>				
A one-page report on the work accomplished as a SSHRC award holder must be attached to this form and both items submitted to SSHRC. You must take account of the following elements:				
<ol style="list-style-type: none"> <li>1. What progress was made in the program of research during the period of tenure of the award? Did this progress meet or surpass the objectives set at the beginning of the award? Explain.</li> <li>2. What progress was achieved during the period of tenure of the award with respect to professional development? Provide details on any publications and/or papers presented before learned societies or conferences, the development of personal research networks, and teaching experience.</li> <li>3. Provide a short outline of the infrastructure that was provided by your institution of affiliation (e.g., office space, library privileges, course taught, etc.).</li> <li>4. If you taught during the period of tenure of the award, provide information on the subject(s) taught, the level of study (graduate or undergraduate), and number of students.</li> <li>5. Comment on the degree to which the department involved you in its activities (e.g., the mentoring of students, any administrative duties, or other activities).</li> <li>6. Other comments, if any.</li> </ol>				
Overall rating of your experience at this university: <input type="checkbox"/> outstanding <input type="checkbox"/> very good <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> poor				
Name of current or future employer (if applicable)				
Department/Division name			Position title	
As of _____ (dd/mm/yy)		Tenure track? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A    Tenured? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A		
Signature of award holder			Date	
<b>Part II - To be completed by Head of the Department</b>				
I attest to the accuracy of the attached final report of the work accomplished by the award holder during the period of tenure of the award.				
Name of Head of Department/designated person (print)			Signature	
Institution			Date	

Personal information will be stored in the personal information bank for the appropriate program.