



Payment Activation — Form I, Part II

This form has two parts:

Part I is on a separate page. It contains basic payment information required by your university to initiate payment of your award. Precise data requirements will vary from one university to another. It is provided by SSHRC to assist the universities with data collection and facilitate the timely activation and payment of your award. **Part II** contains information required by SSHRC to initiate payment of your award to the university.

Return this form to SSHRC [FAX: 613-943-1329]. New award holders and award holders transferring to a new university must submit this form at least **one month** before the start of the award, otherwise payment will be delayed.

Award holder family name		Award holder given name		Initials
Full name of university				
Department/Division name				
Primary telephone number Area code Number Extension		Award holder's primary E-mail		
Type of award	Banting Postdoctoral <input type="checkbox"/>	Vanier CGS <input type="checkbox"/>	Expected start date of award (master's and doctoral)	
CGS Master's <input type="checkbox"/>	CGS Doctoral <input type="checkbox"/>	SSHRC Doctoral <input type="checkbox"/>	May <input type="checkbox"/>	September <input type="checkbox"/>
Award holder's mailing address (including postal code)		Expected start date of award (Banting Postdoctoral)		
_____		April <input type="checkbox"/>		
		May <input type="checkbox"/>		
		June <input type="checkbox"/>		
		August <input type="checkbox"/>		
		September <input type="checkbox"/>		
		October <input type="checkbox"/>		
		Start date of degree program or postdoctoral studies		Award number
		_____		_____
		(dd/mm/yy)		
Signature				
Signature of award holder			Date	
_____			_____	
Confirmation of MA program				
Please confirm the nature of the research requirements of the program:				
<input type="checkbox"/> Master's thesis <input type="checkbox"/> major research paper/essay <input type="checkbox"/> major research project <input type="checkbox"/> coursework in research methods and/or statistics				
<input type="checkbox"/> Other (specify - on separate sheet) _____				
Confirmation of student's/postdoctoral researcher's status - To be completed by authorized official at university				
I confirm that the award holder:				
<input type="checkbox"/> will be admitted unconditionally and registered with a full-time student status in a Master's, Doctoral or combined program in social sciences or humanities at this university.		Effective		
OR <input type="checkbox"/> will be working as a postdoctoral researcher in social sciences or humanities at this university in the Department of _____		_____ (dd/mm/yy)		
Name of authorized designated person (print)		Signature		
_____		_____		
University			Date	
_____			_____	