



Request to Change University — Form 2

Part I - To be completed by award holder. Return this form to SSHRC.		
Award holder family name		Award holder given name
		Initials
Full name of current organization		
Department/Division name		Award number
Primary telephone number Area code Number Extension	Primary E-mail	
Change of University - I request permission to change university.		
Full name of proposed organization		
Department/Division name		
Effective _____ (dd/mm/yy)	Under the proposed supervision of (print)	
<input type="checkbox"/> I confirm that I have not begun my doctoral program and that my research proposal will remain the same as that for which funding was awarded. (Do not have Part II completed). <input type="checkbox"/> I confirm that I have already begun my doctoral program and that my research proposal will remain the same as that for which funding was awarded. (Have Part II completed).		
Signature of award holder		Date
Part II - To be completed by heads of original department and proposed department.		
I have discussed the change of university with the award holder and support the request.		
Name of head of original department (print)	Signature	Date
Primary telephone number Area code Number Extension	Department name	
	Primary E-mail	
In addition to supporting the request for change of university, I certify that credit will be granted for studies in the previous graduate degree program.		
Name of head of proposed department (print)	Signature	Date
Primary telephone number Area code Number Extension	Department name	
	Primary E-mail	