



Request for Deferment of Award — Form 3

<p>Before commencing your award, you may request permission to defer it for up to three years, but only for reasons of maternity, child rearing, illness, or health-related family responsibilities. You may not defer your award in order to take up another award or to accept or hold employment, or to pursue studies other than those for which you received funding.</p> <p>You must complete this form and send it to SSHRC as soon as possible, but no later than one month after the scheduled start date of your award. Supporting documentation (e.g., birth, adoption or medical certificate) confirming the reason for deferment must also be included with the request.</p>			
Award holder family name		Award holder given name	Initials
Full name of organization			
Department/Division name		Award number	
Primary telephone number	Award holder's Primary E-mail		
Area code	Number	Extension	
Award holder's mailing address (including postal code)		<p>I hereby request permission to defer my award for a period of _____ effective _____, for the following reason:</p> <p>(months) (dd/mm/yy)</p> <p><input type="checkbox"/> illness <input type="checkbox"/> maternity</p> <p><input type="checkbox"/> child rearing <input type="checkbox"/> health-related family responsibilities</p>	
<p>I have enclosed an official academic transcript/copy of my degree (if not already submitted with application) to confirm that I have successfully completed all requirements for my previous degree, and relevant documentation supporting my request. If I am currently registered in the program of studies for which funding was awarded, I have enclosed approval for a leave from my university.</p> <p>I expect to resume my studies on _____</p> <p>(dd/mm/yy)</p>			
Signature			
Signature of award holder		Date	