



Notice of Receipt of Degree — Form 4

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| Complete this form to inform SSHRC once you have obtained your doctorate. | | |
| Award holder family name | Award holder given name | Initials |
| Full name of organization | | |
| Department/Division name | | Award number |
| Primary telephone number Area code Number Extension | Secondary telephone number Area code Number Extension | |
| Award holder's primary E-mail | | |
| Award holder's mailing address (including postal code) _____ _____ _____ | I am pleased to report that on _____ (dd/mm/yy) I obtained a doctorate in _____ (discipline) from _____ (university) | |
| Title of dissertation or thesis | Duration of doctoral program _____ (years) _____ (months) | |
| 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 | | |
| Provide additional comments (if necessary): | | |
| 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 - The National Library of Canada is interested in obtaining copies of theses from doctoral fellows who have obtained their degrees from a foreign university. To this end, I authorize the Council to release this form to the National Library of Canada. | | |
| Signature of award holder | Date | |