



## Final Report (for doctoral fellowship holders only) — Form 10A

To be completed by doctoral 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 university			
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 E-mail		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 toward the successful completion of the doctoral degree program 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 in the program of study? Provide details on any publications and/or papers presented before learned societies or conferences, and teaching experience.</li> <li>3. What program requirements (courses, comprehensive examination, thesis, etc.), if any, still need to be completed?</li> <li>4. 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 Dean of Graduate Studies</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 Dean of Graduate Studies/designated person (print)		Signature	
University		Date	