



Final Report (for postdoctoral fellowship holders only) — Form 10B

To be completed by postdoctoral fellowship holders no later than three months after the end of the period of tenure of the award.				
Award holder family name		Award holder given name		Initials
Full name of organization				
Department/Division name			Award number	
Award holder's mailing address _____ _____		Primary telephone number		
		Country code	Area code	Number
_____		Secondary telephone number		
		Country code	Area code	Number
Award holder's primary E-mail		Fax		

Part I - To be completed by award holder

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:

1. What progress was made in the program of research during the period of tenure of the award? Did this progress meet or surpass the objectives set at the beginning of the award? Explain.
2. What progress was achieved during the period of tenure of the award with respect to professional development? Provide details on any publications and/or papers presented before learned societies or conferences, the development of personal research networks, and teaching experience.
3. Provide a short outline of the infrastructure that was provided by your university of affiliation (e.g., office space, library privileges, course taught, etc.).
4. If you taught during the period of tenure of the award, provide information on the subject(s) taught, the level of study (graduate or undergraduate), and number of students.
5. Comment on the degree to which the department involved you in its activities (e.g., the mentoring of students, any administrative duties, or other activities).
6. Other comments, if any.

Overall rating of your experience at this university: outstanding very good good fair 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
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Part II - To be completed by Head of the Department

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 Head of Department/designated person (print)	Signature
University	Date