



## Request for First Annual Instalment — Form I

Photocopy this form as needed for the duration of your award. Return this form to SSHRC no earlier than one month prior to the scheduled payment date of the instalment.			
Award holder family name		Award holder given name	
		Initials	
Full name of university			
Department/Division name			
Social insurance number (SIN)		Award number	
I hereby request payment of the first instalment of my award for this award year, which I will commence/have commenced on _____ (dd/mm/yy)			
I shall immediately inform SSHRC if I discontinue my full-time studies/research, temporarily or permanently, during the period covered by the first instalment.			
I request that the instalment cheque be mailed to the following address. Payments sent to addresses abroad will be made in the currency of that country. _____ _____ _____		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	
Signature of award holder		Date	
<b>Confirmation of Admission - To be completed by authorized official at university or research institution</b>			
<b>For doctoral award holders only:</b>			
I confirm that the award holder has been admitted unconditionally, effective _____ (dd/mm/yy)			
with full-time graduate student status to a doctoral degree program at _____ (university)			
The approximate date on which all degree requirements will be completed is _____ (dd/mm/yy)			
Name of Dean of Graduate Studies/designated person (print)		Signature	
University		Date	
<b>For postdoctoral award holders only:</b>			
I confirm that the award holder will be working in the Department of _____ at _____ (university/research institution)			
Name of Head of Department/designated person (print)		Signature	
University		Date	