



Request for Second Annual Instalment — Form 2

Photocopy this form as needed for the duration of your award. Return this form to SSHRC 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		Award number	
I hereby request payment of the second instalment of my award for this award year. I shall immediately inform SSHRC if I discontinue my full-time studies/research, temporarily or permanently, during the period covered by the second 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
		Secondary telephone number	
		Country code	Area code
Award holder's primary E-mail		Fax	
Signature of award holder		Date	
Confirmation of Continued Eligibility for Payment			
To be completed by Dean of Graduate Studies or supervisor			
For doctoral award holders only:			
I confirm that the award holder is still registered as a full-time doctoral student at this university, and is making satisfactory progress.			
Name of Dean of Graduate Studies/designated person (print)		Signature	
University		Date	
For postdoctoral award holders only:			
I confirm that the award holder is still pursuing full-time postdoctoral research under my supervision, and is making satisfactory progress.			
Name of supervisor (print)		Signature	
University		Date	