



Request to Change University (for doctoral fellowship holders only) — Form 4

Part I - To be completed by award holder. Return this form to SSHRC.					
Award holder family name		Award holder given name			
Initials					
Full name of current 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			
Change of University - I request permission to change university.					
Full name of proposed university					
Department/Division name					
Effective _____ (dd/mm/yy)	Under the proposed supervision of (print)				
<input type="checkbox"/> I have not taken up my award and have not yet commenced my doctoral program, and confirm that my research proposal will remain the same as that for which funding was awarded (Part II does not have to be completed.) <input type="checkbox"/> I have taken up my award and have already commenced my doctoral program, and confirm that my research proposal will remain the same as that for which funding was awarded (Part II has to be completed.)					
Signature of award holder		Date			
Part II - To be completed by heads of original department and proposed department.					
I have discussed the change of university with the award holder and support the request.					
Name of head of original department/designated person (print)		Signature			
Date					
University		Primary telephone number			
Primary E-mail		Country code	Area code	Number	Extension
In addition to supporting the request for change of university, I certify that credit will be granted for studies in the previous graduate degree program .					
Name of head of proposed department/designated person (print)		Signature			
Date					
University		Primary telephone number			
Primary E-mail		Country code	Area code	Number	Extension