



Request for Deferment or Interruption of Award — Form 6

Part I - Before commencing your award, you may request permission to defer or interrupt it for up to three years, but only for reasons of maternity, child rearing, illness, or health-related family responsibilities. You may **not** defer your award in order to take up another award, to accept or hold employment, or to pursue studies other than those for which you received funding. You must obtain prior approval from SSHRC for any interruption of your award.

You must complete this form and send it to SSHRC together with all relevant supporting documentation (e.g., birth, adoption or medical certificate) confirming the reason for deferment or interruption.

Award holder family name	Award holder given name	Initials
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Full name of university

Department/Division name	Award number
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Award holder's mailing address (including postal code) _____ _____ _____	Primary telephone number			
	Country code	Area code	Number	Extension
_____ _____	Secondary telephone number			
	Country code	Area code	Number	Extension

Award holder's primary E-mail

I request permission to:

- defer my award. I enclose an official academic transcript/copy of my degree (if not already submitted with my application) to confirm that I have successfully completed all requirements for my previous degree, and relevant documentation to support my request.
- OR
- interrupt my award. I enclose relevant documentation to support my request.

for a period of _____ effective _____, for the following reason:
(months) (dd/mm/yy)

- illness maternity health-related family responsibilities
- paid parental leave child rearing relevant work experience (for doctoral fellowship holders only)

Part II - For doctoral fellowship holders only: If you are currently registered in the program of study for which funding was awarded, you must enclose a copy of your authorized leave of absence from your university.

I expect to resume my studies/research on _____
(dd/mm/yy)

Part III - Support for deferment or interruption of award (for postdoctoral fellowship holders only)

I have discussed this request for deferment or interruption with the award holder and support the request.

Name of supervisor (print)	Signature
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University	Date
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Signature

Signature of award holder	Date
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