



Request for Reinstatement of Award — Form 7

Part I - To reinstate a deferred or interrupted award, you must confirm the exact date you intend to reinstate your award by completing and submitting this form to SSHRC at least eight weeks before resuming your studies or research.				
Award holder family name		Award holder given name		Initials
Full name of university				
Department/Division name			Award number	
I wish to reinstate my award on _____ (dd/mm/yy)				
at _____ (organization)				
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		
Signature of award holder			Date	
Part II - Support for reinstatement of award (to be completed by authorized official at university or research institution)				
For doctoral fellowship holders only:				
I confirm that the award holder will return to full-time doctoral studies on _____ (dd/mm/yy)				
at _____ (organization)				
Name of Dean of Graduate Studies/designated person (print)		Signature		
Organization			Date	
For postdoctoral fellowship holders only:				
I confirm that the award holder will return to full-time postdoctoral research on _____ (dd/mm/yy)				
at _____ (organization/research institution)				
Name of supervisor (print)		Signature		
University			Date	