



Termination of Award — Form 8

Part I - If for any reason you terminate your program of study or research prior to the end of your award tenure, you must complete this form and submit it to SSHRC.

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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I have terminated my full-time studies/research at _____
(university)

effective _____
(dd/mm/yy)

I understand that a refund of all or part of my last instalment(s) may be required. For postdoctoral fellowship holders only, append Form 11 — Research Allowance Statement of Account.

I must terminate my award for the following reason(s):

<input type="checkbox"/> change to part-time registration status	<input type="checkbox"/> acceptance of full-time employment (append copy of contract)
<input type="checkbox"/> successful completion of degree requirements	<input type="checkbox"/> withdrawal from the doctoral degree program
<input type="checkbox"/> other (specify) _____	

Mailing address _____ _____ _____	Primary telephone number Country Area Number Extension code code
	Secondary telephone number Country Area Number Extension code code

Primary E-mail	Fax
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Signature of award holder	Date
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Part II - To be completed by authorized official at university or research institution

For doctoral award holders only:
I confirm that the award holder has terminated full-time doctoral studies, effective _____
(dd/mm/yy)

Name of Dean of Graduate Studies/designated person (print)	Signature
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University	Date
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For postdoctoral award holders only:
I confirm that the award holder has terminated full-time postdoctoral research, effective _____
(dd/mm/yy)

Name of Head of Department/designated person (print)	Signature
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University	Date
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