



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 _____
(organization)

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):

change to part-time registration status acceptance of full-time employment (append copy of contract)

successful completion of degree requirements withdrawal from the doctoral degree program

other (specify) _____

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
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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 fellowship 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 fellowship 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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