Social Sciences and Humanities Research Council of Canada
Conseil de recherches en sciences humaines du Canada
350 Albert Street
Ottawa, Ontario
K1P 6G4

Notice of Receipt of Degree — Form 9

Complete this form to inform SSHRC once you have obtained your doctorate.

Award holder family name	Award holder given name	Initials

Full name of university

Department/Division name	Award number

Primary telephone number	Secondary telephone number
Country code / Area code / Number / Extension	Country code / Area code / Number / Extension

Award holder's primary E-mail	Fax

Award holder's mailing address (including postal code)

I am pleased to report that on _____ (dd/mm/yy)

I obtained a doctorate in _____ (discipline)

from _____ (organization)

Title of dissertation or thesis	Duration of doctoral program
	_____ (years) _____ (months)

Overall rating of your experience at this university ☐ outstanding ☐ very good ☐ good ☐ fair ☐ poor

Other comments, if any:

Name of current or future employer (if applicable)

Department/Division name	Position title

As of _____ (dd/mm/yy) Tenure track? ☐ yes ☐ no ☐ N/A Tenured? ☐ yes ☐ no ☐ N/A

Signature - The National Library of Canada is interested in obtaining copies of theses from doctoral fellows who have obtained their degrees from a foreign university. To this end, I authorize the Council to release this form to the National Library of Canada. ☐ yes ☐ no

Signature of award holder	Date

Personal information will be stored in the personal information bank for the appropriate program.

Form 9 (2011)

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