

Ongoing Eligibility for Tri-Agency award holders

Tri- Agency Award Holder must complete this form and forward to their primary supervisor email the completed form with ALL signatures Graduate Funding P E μ š (μ v] v P X P . % • › u P] o o X

This section to be completed and signed by the award holder then forwarded to primary supervisor.

ID _____ Name: _____ Given Name: _____

Official McGill email address: _____

Academic Unit/Department: _____

Award Information:

Agency: NSERC _____ SSHRC _____ CIHR _____ Start date of award: ~~Mar 1~~ Sep 1 _____ Jan 1 _____ z z z z z z z z z z

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