

As best practice, the institution is encouraged to use some type of form to capture activation and post-award administrative information. This is a sample template that the institution may want to adapt to its procedures.

Form A
Canada Graduate Scholarships-Master's (CGS M)
Activation of Award

Instructions: You must submit this form following your acceptance of a CGS M Offer of Award to facilitate the timely activation and payment of your award.

Return this duly completed form to the Faculty of Graduate Studies (or its equivalent) at the institution where you will be taking up the award.

Family name of award holder	Given name and initial(s)
Email address	Telephone number
Department of tenure	Institution of tenure McGill University
Institution student identification number	Name of supervisor (if known)
Title of program of study (e.g. Master of Psychology)	
Mailing address (including postal code)	Agency <input type="checkbox"/> CIHR <input type="checkbox"/> NSERC <input type="checkbox"/> SSHRC

Expected start date of award

May September January _____
Year

Award recipients who are already enrolled in their program of studies are encouraged to take up their award on the earliest available date. For further information, refer to the Canada Graduate Scholarships-Master's (CGS M) Award Holder's Guide.

My **program of study** includes a significant research component which leads to one of the following:

- Thesis Major research project Dissertation Scholarly publication
 Performance, recital and/or exhibit that is merit/expert-reviewed at the institutional level as a requirement for completion of the program

Full-time registration Part-time* registration Start date of Program of Study** _____
(day/month/year)

* Approval must be obtained by institution to hold the award on a part-time basis.

** Must have started the program of study before commencing the award.

I request permission to **change my research project**. I have provided a one-page outline of my proposed research.

_____ <i>Signature of award holder</i>	_____ <i>Date (day/month/year)</i>
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Note to Institution Officials

All personal data provided above must be managed according to institutional policy.