



## Tri-Council MA Acceptance Form

Student Name \_\_\_\_\_ Student Number \_\_\_\_\_

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**Return this form to the Faculty of Graduate and Postdoctoral Affairs, via email at [graduate\\_studies@carleton.ca](mailto:graduate_studies@carleton.ca) within 2 weeks of the accepting your award. This form contains basic information required by Carleton University to initiate payment of your award.**

SSHRC

NSERC

CIHR

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**Start Date**

May 2017	September 2017	January 2018
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Name of Department or Discipline:

**Verification by Institution**

Before receiving the scholarship, I understand that Carleton must verify that:

I am eligible for the additional award to be made

I am enrolled in an eligible program as a **full-time** graduate student three consecutive terms. If my status as a **full-time** graduate student changes, I may be required to repay the award.

I am a Canadian citizen or permanent resident of Canada

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**Additional Information**

Please refer to the Tri-Council Harmonized MA Award Holder's guide for the Rules and Regulations of your award.

Carleton University applies student awards directly to the student account. If a student is entitled to a reimbursement, student accounts will issue a cheque after the final day to drop classes with financial reimbursement. Students should contact Student Accounts directly regarding their account.

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**Student's Signature:**

**Date:**