

Tri-Council MA Acceptance Form

Student Name	Student Number	
Return this form to the Faculty	y of Graduate and Postdoctoral Affairs, via emai	l at jenna.mcconnell@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
Start Date		
May 2022	September 2022	January 202 3
Name of Department or Discipline:		
Verification by Institution		
Before receiving the scholarship, I und	derstand that Carleton must verify that:	
I am eligible for the award and any fut	ture instalments.	
I am enrolled in an eligible program as	s a full-time graduate student three consecutive terms. If my	status as a full-time graduate student changes,
must notify FGPA immediately and I n	nay be required to repay all or part of the award.	
I am a Canadian citizen or permanent	resident of Canada.	
Additional Information Please refer to the Tri-agency Researce award.	ch Training Award Holder's Guide for the Rules and Regulation	ons of your
	ds are paid directly to student accounts. If your account is in deadline of each new term. Students should contact Studen	
Student's Signature:		Date: