

## **Tri-Council MA Acceptance Form**

Student Name	Student Number	
Name of Department or Discipline:		
Return this form to Graduate Studies, via	a email graduate.awards@carleton.ca	within 2 weeks of the accepting your
award. This form contains basic informat	tion required by Carleton University to	initiate payment of your award.
SSHRC	NSERC	CIHR
Start Date		
May 2025	September 2025	January 2025
Before receiving the scholarship, I understand that I am eligible for the award and any future instalmed I am enrolled in an eligible program as a <b>full-time</b> immediately and I may be required to repay all or I am a Canadian citizen or permanent resident of C	ents. graduate student. If my status as a <b>full-time</b> grad part of the award.	duate student changes, I must notify FGPA
Additional Information Please refer to the Tri-agency Research Training Av	ward Holder's Guide for the Rules and Regulatio	ns of your award.
At Carleton University, external awards are paid d made available to you after the drop deadline of e account.		
Student's Signature:		Date: