



Request to Change Location of Tenure for Training Award

Effective Date of Transfer

Application Number

Nominated Principal Applicant

Surname

Given Names

PIN

Project Title

Transferred From:

Institution Paid
(not applicable if award held outside of
Canada)

Primary Research Institution

Department

Faculty

Transferred To:

Institution Paid
(not applicable if award held outside of
Canada)

Primary Research Institution

Department

Faculty

Signature of Nominated Principal Applicant:

Date:

X



Institution Signature

It is agreed that the general conditions governing Grants and Awards, as well as the statements "Meaning of Signatures on Application Forms" as outlined in the CIHR Grants and Awards Guides, apply to any or award made pursuant to this application and are hereby accepted by the Nominated Principal Applicant's institution.

A signature is not required at institutions outside of Canada.

For institutions using the Electronic Approval Tool on ResearchNet, a signature is not required for block 1 if the Authorized Official can bind the institution to all obligations outlined in the "Meaning of Signatures on Application Forms". If the Authorized Official cannot bind the institution to all obligations in the "Meaning of Signatures on Application Forms", complete block 2.

1. Signature of Authorized Official at the proposed new Institution: <Institution Paid>

Print Name:

Date:

Signature:

X

2. If the Authorized Official above cannot bind the institution to all obligations outlined in the "Meaning of Signatures on Application Forms", please provide additional signatures below as required.

Print Name:

Date:

Signature:

X

Print Name:

Date:

Signature:

X

Institution Signature at Primary Location of Research

It is agreed that the general conditions governing Grants and Awards, as well as the statements "Meaning of Signatures on Application Forms, obligations (a), (c), (i)" as outlined in the CIHR Grants and Awards Guides, apply to any award made pursuant to this application and are hereby accepted by the Nominated Principal Applicant's institution where the research is to be conducted.

Signature of Authorized Official: < Primary Location of Research >

Print Name:

Date:

Signature:

X