

DOCTORAL COMPLETION AWARD (DCA) APPLICATION FORM

PLEASE READ THE INFORMATION SHEET PRIOR TO COMPLETING THIS APPLICATION FORM

TO BE COMPLETED BY THE APPLICANT							
Last Name:			First Name:				
Applicant's Home Address:							
Student Number:		Department:		☐ Canadiar☐ Student \	n Citizen or Permanent Resident Visa		
Did you interrupt your studies at any time to take a leave?							
PLEASE ANSWER THE FOLLOWING USING THE SPACE PROVIDED; PLEASE DO NOT ATTACH ANY MATERIALS OTHER THAN THOSE REQUESTED.							
1. Desc	ribe your progress and acco	mplishments to	date (i.e. w	here you are in cor	mpleting your degree program.).		
2. Estin	nate and describe the amou	nt of work rema	aining to be	done and expected	date of completion.		
	ide reasons why you have b ided to students in your gra		omplete the	e above work withir	n the timelines of the funding period		
Applicant's Signature:			Da	ate:			



DOCTORAL COMPLETION AWARD (DCA) APPLICATION FORM

Applicant Last Name:	Applicant First Name:							
TO BE COMPLETED BY THE SUPERVISOR								
This applicant is in good standing and making satisfactory progress								
(Please submit a copy of the last committee maward deadline)	eeting report, dated within one year of th	(MM/YY)						
PLEASE ANSWER THE FOLLOWING USING THE SPACE PROVIDED; PLEASE DO NOT ATTACH ANY MATERIALS OTHER THAN THOSE REQUESTED.								
What progress has the applicant made since the last Supervisory Committee Meeting?								
2. How will the receipt of this award enal	ole the applicant to complete their stud	ies in a timely fashion?						
3. Please comment on any reasons provided by the applicant for delays in completion, and additional information as appropriate.								
арргорпасс.								
Applicant's Expected Date of Completion (MM/YYYY):								
Supervisor:	Signature:	Date:						
		1						