



DOCTORAL COMPLETION AWARD (DCA)

APPLICANTS NEED TO SUBMIT AN ACORN PRINTOUT OF THEIR TRANSCRIPT AND THE OSOTF FORM

TO BE COMPLETED BY THE APPLICANT		
Last Name:	First Name:	
Applicant's Home Address:		
Student Number:	Supervisor:	<input type="checkbox"/> Canadian Citizen or Permanent Resident <input type="checkbox"/> Student Visa
Did you interrupt your studies at any time to take a leave? <input type="checkbox"/> No: <input type="checkbox"/> Yes		
I will begin/began my first non funded year on : _____ (month/year)		
List any financial support you expect to receive during the first 12 months of your non funded year. Include fellowships, grants, externals awards, RA or other stipends, TA.		
1. _____ \$ _____	3. _____ \$ _____	5. _____ \$ _____
2. _____ \$ _____	4. _____ \$ _____	6. _____ \$ _____
PLEASE ANSWER THE FOLLOWING USING THE SPACE PROVIDED; PLEASE DO NOT ATTACH ANY MATERIALS OTHER THAN THOSE REQUESTED.		
1. Describe your progress and accomplishments to date (i.e. number of chapters completed, colloquium date).		
2. Estimate and describe the amount of work remaining to be done and expected date of completion.		
3. Provide reasons why you have been unable to complete the above work within the timelines of the funding period provided to students in your graduate unit.		
Applicant's Signature:	Date:	<input type="checkbox"/> Acorn Printout of Transcript <input type="checkbox"/> OSOTF Form