



# BC NEIHR

## Fulfillment of Degree Requirements Form

This form must be completed by the institution that conferred or will confer the PhD, health professional or equivalent degree that you have entered in the “Latest Degree Information” section of your Application Form. Each institution determines who is authorized to sign this form. For further guidance, please contact the Faculty of Graduate Studies (or its equivalent) at the institution.

Note: If you have not yet completed all requirements of your degree at the time of application, this form must be completed again by your institution when you have done so, confirming that all the requirements have been fulfilled before payments can begin. The form must be sent by email to [bcneihr@uvic.ca](mailto:bcneihr@uvic.ca).

### **BC NEIHR Postdoctoral Fellowship Applicant**

Surname:

Given Names:

If the above-mentioned applicant has already fulfilled all requirements of the degree, an authorized official must complete Section 1, sign the form and return it to the applicant. If the above-mentioned applicant has not yet fulfilled all the requirements of their degree, but is expected to do so in the near future, an authorized official must complete section 2, sign the form and return it to the applicant. Once the applicant has fulfilled all the requirements of their degree, an authorized official must complete Section 1, sign the form and return it to the applicant.

Note: “Fulfilled all requirements of the degree” refers to the date that the applicant completed all the steps required for obtaining their degree. Although these requirements may vary by institution and degree type, they usually include thesis defense corrections and thesis disposition. It is not the convocation date.

## Section 1

The above-mentioned applicant fulfilled all the requirements of their Degree name including specialization:

on Date:

## Section 2

We expect the above-mentioned applicant to fulfill all the requirements of their Degree name including specialization:

on Date:

## Signature of Authorized Official

Printed Name:

Title:

Institution:

Signature:

Date: