

DOCTORAL COMPLETION AWARD (DCA)

2025-2026 Academic Year Application Form

FOR OFFICE USE ONLY:
Approved/Not approved

Date: Amount:

Signature:

PLEASE READ THE INSTRUCTIONS ON THE DEPARTMENT WEB-SITE PRIOR TO COMPLETING THIS APPLICATION FORM

TO BE COMPLETED BY THE APPLICANT

Last Name:	First Name:	Student Number:
Applicant's Home Address:		
Email:	<input type="checkbox"/> Canadian Citizen, Permanent Resident, or Protected Person <input type="checkbox"/> Student Visa	
Date of entry to program:	Are you a PhD U (Direct Entry)? No <input type="checkbox"/> Yes <input type="checkbox"/>	
Did you interrupt your studies at any time to take a leave? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, what year(s)?		
Do you have any outstanding program requirements?		
List any grants, fellowships, or awards that you have applied for or will be applying for to fund your next year of studies:		
<p>PLEASE ANSWER THE FOLLOWING USING THE SPACE PROVIDED; PLEASE DO NOT ATTACH ANY MATERIALS OTHER THAN THOSE REQUESTED.</p> <p>1. Title of Thesis.</p> <p>2. Please provide the chapter outline of your dissertation project.</p> <p>3. Please describe progress to date.</p> <p>4. Please outline a plan of work (timeline) for the completion of the remaining work on the dissertation.</p>		
Applicant's Signature:		Date: