

#### 2024-2025 Academic Year

## DOCTORAL COMPLETION AWARD APPLICATION FORM

## **DEPARTMENT OF LEADERSHIP, HIGHER AND ADULT EDUCATION**

TO BE COMPLETED BY THE APPLICANT					
*OPEN ONLY TO LHAE FULL TIME PHD STUDENTS IN YEARS 5 & 6, EXITING THE FUNDED COHORT*					
Last Name:		First Name:			
Home Address:					
Phone Number:		U of T Email:			
Student Number:	Program:		☐ Domestic ☐ International		
Did you interrupt your studies at any time to take a leave?   No: Yes, Date:					
I will begin/began my first non funded year at the start of thi			(include session and year)		
Did you receive a DCA in the past?  No: Yes, Date: Amount: \$					
	FINANCIAL	.SUPPOR	RT		
List any financial support <b>you will receive</b> in the 2024-2025 academic year. If you have confirmation that any award applications were successful, please list them here. Include fellowships, scholarships, grants, externals awards, GA, RA or other stipends, TA, TEPA, including paid work outside of the university, e.g., substitute teaching, etc.					
Source:	Amount:				
Source:		Amount:	::		
List any financial support <b>you have applied for</b> (scholarships, awards, GA, TA, TEPA) that, if successful, you would receive in the 2024-202 academic year.					
Source:	Amount:				
Source:			Amount:		
PROGRESS					
Did you achieve candidacy? ☐ No: ☐ Yes, Date:					
Briefly describe your progress to date (i.e. where you are in completing your program – field work, data analysis, writing draft of thesis, etc.)					



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Briefly describe the amount of work remaining to be done. Include timeline and expect	ted date of completion.
Provide reasons why you have been unable to complete the above work within the timprovided to students in your graduate unit.	elines of the funding period
If you received the Doctoral Completion Award previously, please describe your progre	ess since receiving the award.
Applicant's Signature:	Date: