Fellow - Early Cancellation of Mitacs Elevate Fellowship

**Postdoctoral Fellow Name: University:**

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**Academic Supervisor Name: Industry Partner Name:**



Mitacs Inc. Vancouver Office Vancouver, British Columbia

Canada V6T 1Z3

Phone: 604.822.9189

Fax: 604.822.3689

[www.mitacs.ca](http://www.mitacs.ca/)

**Start Date of Fellowship:**

***Part I: To be completed by the fellowship holder:***

I hereby inform Mitacs Inc. that:

I am cancelling my Elevate Fellowship as of:

I recognize the cancellation of my Elevate Fellowship as of:

for the following reason.

Date/Time Field

**Reason for Cancellation:**

I acknowledge that I have informed both my Academic supervisor and my Industrial Supervisor of the early cancellation and of the last date of my fellowship. I also acknowledge that I will no longer be paid from my fellowship as of that date and all remaining funds must be returned to Mitacs Inc.

**Postdoctoral Fellow Signature:**

***Part II: Support for Early Cancellation of Fellowship - To be completed by Academic supervisor***

I have discussed this with the fellowship holder and the industrial partner. The university has been informed of this and will return all remaining fellowship funds to Mitacs Inc. directly.

**Academic Supervisor Signature:**

Once all signatures have been obtained, please submit the final copy via email to [grants-subventions@mitacs.ca](mailto:grants-subventions@mitacs.ca) .