

Master's Completion Bursary (MCB) 2025-26 Application

FALL 2025 APPLICATION SUBMISSION DEADLINE: JANUARY 15, 2026

WINTER 2026 APPLICATION SUBMISSION DEADLINE: APRIL 30, 2026

The Master's Completion Bursary (MCB) is a financial aid program which serves to assist master's students who must register beyond the program length required for their degree due to unanticipated factors beyond their control, in order to complete a small or minimal amount of remaining work that is necessary to fulfill their degree requirements. Students whose academic progress has been significantly impeded due to COVID-19 related disruptions may be eligible for a tuition fee exemption. More information is available [here](#).

STUDENTS ARE ELIGIBLE TO APPLY ONCE ALL DEGREE REQUIREMENTS HAVE BEEN COMPLETED. INCOMPLETE FORMS WILL NOT BE PROCESSED.

SECTION 1: STUDENT INFORMATION (to be completed by the student)

| | | |
|--|---|--------------------------------------|
| Surname: | Given Name(s): | Student Number: |
| U of T Email: | Phone Number: | Graduate Unit: |
| Program Start Date: | Degree Requirement Completed Date: | Degree (MA, MSc, MEng, etc.): |
| Have you been continuously registered full-time since the beginning of your program and without transferring programs? (i.e. no leaves) | | <input type="checkbox"/> YES NO |
| Select the outstanding academic requirement completed in your final session of registration: | <input type="checkbox"/> 0.5 or 1.0 FCE (one half or full credit course) | |
| | <input type="checkbox"/> Thesis submitted to the ProQuest digital library repository OR Major Research Paper/Project. Enter date of Final Oral Defense: | |
| | <input type="checkbox"/> Language Examination | |
| | <input type="checkbox"/> Deferred Final Examination (Course based programs only) | |
| | <input type="checkbox"/> Course Extension | |
| <input type="checkbox"/> Other: (Please describe your outstanding degree requirement) | | |
| Was the outstanding academic requirement due to an approved academic accommodation put in place by Accessibility Services? | | YES NO |
| Are you beyond program length, within time limit for your degree and have been invoiced for additional sessions beyond the minimum degree fee? | | YES NO |
| Did you receive OSAP or out-of-province government financial aid for your final registered session? | | YES NO |
| Did you receive financial support in the form of award(s) and/or stipend (from your department and/or supervisor for your final session? If yes, provide details in the chart below: | | YES NO |
| Support type (e.g. fellowship, scholarship, stipend) | Session(s) Award/ Stipend Received (e.g. Fall 2025) | Duration (months) |
| | | \$ VALUE |
| | | \$ |
| | | \$ |
| | | \$ |

SECTION 2: UNANTICIPATED/UNCONTROLLABLE FACTOR(S) RESULTING IN DELAY

(To be completed by student) Please describe the unanticipated event(s) and factor(s) that contributed to the delay in completing your degree requirements:

SECTION 3: SUPERVISOR LETTER OF SUPPORT

(May be completed by Graduate Coordinator/Associate Chair if applicant does not have a supervisor/advisor)

Please attach a letter written and signed by your supervisor explaining the circumstances that lead to the delayed completion of your degree.

SECTION 4: APPLICANT'S DECLARATION & AUTHORIZATION

I declare that the foregoing information is, to my knowledge, a true, complete, and accurate statement of my degree progression and financial status. This application and all supporting documents will be retained on SGS record. I understand that SGS may contact my sources of supporting documents to verify information. If any information I have provided is found intentionally falsified, I understand I may become permanently ineligible to apply or receive any future SGS grants. I hereby request consideration for assistance from the funds made available for this purpose by the University. I understand that if awarded, any monies owing to the University will be deducted from this bursary unless otherwise approved.

Name of Applicant

Signature

Date (DD/MM/YYYY)

SECTION 5: GRADUATE COORDINATOR/ADMINISTRATOR CONFIRMATION

| | | | |
|--|-----------|------------------------|----|
| The student is in good academic standing. | | Yes | No |
| The student has met all the eligibility requirements and has completed all degree requirements effective: | | Date (DD/MM/YYYY) | |
| By signing below, I confirm that the information provided on this application is true and correct. | | | |
| Coordinator/Administrator Name | Signature | Date (DD/MM/YYYY) | |
| Once signed Graduate Units are asked to forward the completed application and all supporting documents by email directly to SGS at sgs.financial.assistance@utoronto.ca | | | |
| SGS OFFICE USE ONLY: Committee Decision <input type="checkbox"/> Not Approved <input type="checkbox"/> Approved - Amount Approved:\$ | | | |
| Authorization Signature and date: | | Notes (if applicable): | |