Postdoctoral Fellows Registration Form

Personal & Contact Information:

Given Name: ____________________ Middle Name: ____________________ Surname: ____________________

Date of Birth: _____/_____/_____ Gender: Male    Female

Month/ Day/ Year

University where Ph.D. was obtained: ___________________________________________/ ____________________________
(Or equivalent degree was granted) University Name   University Location & Country

Year Degree Awarded: ________ Degree Subject Major: ________________________________________________

Legal Status in Canada: Canadian Citizen    Permanent Resident    Other Visa

Country of Citizenship: ________________________________________________________________

Permanent Address:

C/O __________________________________________

Street Address: __________________________________________________________ Apartment # ________

City: __________________________ Province/State: _________________________________

Country: __________________________ Postal/ZIP Code: ____________________________

Current Address:

C/O __________________________________________

Street Address: __________________________________________________________ Apartment # ________

City: __________________________ Province/State: _________________________________

Country: __________________________ Postal/ZIP Code: ____________________________

E-Mail and Phone:

Current E-mail Address: __________________________

Day-time Phone # ________/ _______________________________
New Engagement:

Engagement Renewal  Yes  No  Start Date: ____/____/____  End Date: ____/____/____
Month/ Day/ Year  Month/ Day/ Year

Early Termination Date: ____/____/____  U. of T. Supervisor: ____________________________
Month/ Day/ Year  include title

Supervisor Phone # _________/_____________

Co - Supervisor: ____________________________  Co - Supervisor Phone # _________/_____________
include title

Administrative Department Information

Faculty:  Faculty of Medicine  Faculty Dean: ____________________________

Department: Physiology  Administrative Phone: ____________________

Return by Date: ____/____/____
Month/ Day/ Year

Postdoctoral Engagement Location

Where Postdoctoral engagement will be held:  On-Campus  Hospital

Department: Physiology Campus: ________________  Department Chair: ____________________________

Funding Source

U. of T. Supervisor Monthly Contribution: $__________  + $42 (benefits)  = Total ________

External Funding Monthly Contribution $__________ (CAD)

Name of External Funding Source (e.g. NSERC): ____________________________
(Funding awarded directly to Postdoctoral Fellow
e.g. Home University, Government Grant, Agency)

Total funding amount per year: ____________ (CAD)