

UNIVERSITY OF NEW BRUNSWICK
INTERNATIONAL POSTDOCTORAL FELLOWSHIP
REQUEST TO **AMEND AND / OR **EXTEND** EXISTING OFFER**
(ONLY TYPED FORMS WILL BE ACCEPTED)

SECTION A: Personal Information

NAME OF POSTDOCTORAL FELLOW (PDF) – AS SHOWN ON PASSPORT

GIVEN NAME(S):

SURNAME:

DATE OF BIRTH (MM/DD/YYYY):

SEX:

COUNTRY OF BIRTH:

COUNTRY OF RESIDENCE:

CITIZENSHIP(S):

PASSPORT NUMBER:

ADDRESS:

TELEPHONE:

EMAIL ADDRESS:

SECTION B: Offer Information

AMENDMENT and/or EXTENSION OF AN EXISTING POSTDOCTORAL FELLOWSHIP OFFER

NEW TERM (MM/DD/YYYY): Commencing:

Ending:

NAME OF SUPERVISOR(S):

FACULTY:

DEPARTMENT:

PHYSICAL LOCATION OF WORK:

UNBF

UNBSJ

OTHER

If “other”, provide name and address:

VALUE OF FELLOWSHIP (in Canadian funds on a per annum basis): \$

SOURCE OF FUNDS / AGENCY: 1)

2)

UNB ACCOUNT NUMBER(S): 1)

2)

WILL THIS PDF BE EXPECTED TO TEACH: YES NO

ACCOUNT NUMBER FOR TEACHING STIPEND:

(Compensation for teaching responsibilities cannot to be included in fellowship award)

FUNDS FOR RELOCATION AND/OR TRAVEL:

MAIN DUTIES OF POSTDOCTORAL FELLOW:

EXPERIENCE / SKILLS REQUIRED FOR THE POSITION:

DOES YOUR CANDIDATE HAVE A POST GRADUATE WORK PERMIT? YES NO

(FOR EXTENSIONS ONLY) If NO, provide a UNB account number to charge the \$230.00 Employer Compliance Fee to:

(If you do not have signing authority on this account, please be sure to acquire - next to the account number - approving initials from someone who does - i.e. Department Chair)

SECTION C: Supporting Documentation

Please attach the following:

- 1) A current CV
- 2) Proof of sponsoring research agency (only if candidate is continuing with their own funding)
- 3) A copy of Post Graduate work permit (if applicable)
- 4) A clear copy of this individual's current passport photo page

SECTION D: Authorization

Postdoctoral Supervisor - Print Name and Signature Date

Department Chair - Print Name and Signature Date

APPROVAL

Dean of Faculty – Print Name and Signature Date

Signature of Vice-President (Research) Date