UNIVERSITY OF NEW BRUNSWICK INTERNATIONAL POSTDOCTORAL FELLOWSHIP

NEW OFFER RECOMMENDATION FORM

(ONLY TYPED FORMS WILL BE ACCEPTED)

SECTION A: Personal Information						
GIVEN NAME(S): (Note: Please enter all names as they appear on the	SURNAME: vis person's Passport)					
DATE OF BIRTH (MM/DD/YYYY)://	SEX:					
COUNTRY OF BIRTH:						
COUNTRY OF RESIDENCE:						
CITZENSHIP(S):	PASSPORT NUMBER:					
MAILING (HOME) ADDRESS:	TELEPHONE:					
EMAIL ADDRESS:						
DATE OF RECEIPT OF PHD (MM/DD/YY)://						
SECTION B: Offer Information						
TERM – Commencing (MM/DD/YYYY):	Ending (MM/DD/YYYY):					
NAME OF SUPERVISOR(S):						
FACULTY: DE	PARTMENT:					
INDICATE <u>ALL</u> PHYSICAL LOCATION OF WO	ORK: UNBF UNBSJ OTHER					
If "other", provide name and address:						
MAIN DUTIES OF POSTDOCTORAL FELLOW						

${\bf EXPERIENCE} \, / \, {\bf SKILLS} \, \, {\bf REQUIRED} \, \, {\bf FOR} \, \, {\bf THE} \, \, {\bf POSITION};$

SECTION C: Financial In	formation				
TOTAL AMOUNT OF POSTDOCTORAL FELLOWSHIP: \$ per annum (in Cdn					
DOES THIS PDF POSSESS AN (either fully or partially):	Y FUNDING OR A	AWARDS WHI	CH WILL SUI	PPORT THIS FEI	LLOWSHIP
IF YES, INDICATE NAME/SO	URCE & TOTAL A	AMOUNT OF T	THIS FUNDING	G (in Cdn dollars):
SOURCE:	AMOUNT: \$				
WILL THIS PDF BE SUPPORT SUPERVISOR'S NAME: Y	TED (FULLY OR P TES NO	'ARTIALLY) F	ROM A GRAN	NT/CONTRACT	IN THE
IF YES, PLEASE INDICATE N account and/or source please ind					ore than one
NAME SOURCE OF FUNDS /	AGENCY: 1)				
	2)				
UNB ACCOUNT NUMBER(S)	: 1)			%	
	2)			%	
**IMPORTANT NOTE: UNB where the PDF is included in (based on percentage) for those and the 2nd at 40%) the fringe b of 15% to the first account and 4 WILL THIS PDF BE EXPECTE	the collective agree benefits. For example, the collective agree benefits amounts will 40% to the second a	eement. The acouple, if a PDF was a larged in the charged in the c	ccount(s) abov vill be paid from	e will be charge m 2 different acco	d appropriately ounts (1 at 60%
UNB ACCOUNT NUMBER FO	OR TEACHING ST	IPEND: -			
(Compensation for teaching responsibility	ities cannot to be include	ed in fellowship aw	vard)		

FUNDS FOR RELOCATION AND/OR TRAVEL:

SECTION D: Work Permit Information					
DOES YOUR CANDIDATE HAVE AN EXISTING WORK PERM	MIT? YES NO				
IF YES, IS IT AN OPEN OR A POST-GRADUATE	WORK PERMIT?				
IF the work permit is NOT a POST-GRADUATE WORK PERMIT number to charge the \$230.00 Employer Compliance Fee to as a new	_				
ACCOUNT NUMBER(S):					
(If you do not have signing authority on this account, please have someone with that authority initial here to approve the use of this account.)					
SECTION E: Required Documentation – Please attach	to this form and submit				
Please attach the following: 1) A current CV 2) Two Letters of Recommendation/Reference (Proposed supers) Proof of completion of PhD program (copy of PhD certificated Proof of sponsoring research agency (only if candidate is cost) A copy of existing, open or Post Graduate work permit (if at 6) A clear copy of this individual's current passport photo pages SECTION F: Signatures of Authorization Postdoctoral Supervisor - Printed Name and Signature	nte or memo from University required) oming with their own funding) pplicable)				
Department Chair - Printed Name and Signature	Date				
APPROVAL					
Dean of Faculty – Printed Name and Signature	Date				
Send form and supporting documentation to postdoc@unb.ca for	further processing				
Signature of Vice-President (Research)	Date				