

UNIVERSITY OF NEW BRUNSWICK
DOMESTIC 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):

DATE OF BIRTH (MM/DD/YYYY):

SEX:

CANADIAN CITIZEN or PERMANENT RESIDENT: YES NO

(If no, please complete "Request to amend or extend PDF Offer - International" found at
<http://www.unb.ca/research/vp/postdoc/forms.html>)

HOME 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:

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)

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