

**POSTDOCTORAL REGISTRATION**

**Note :** You must renew your registration for each new contract.

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| **STAGIAIRE POSTDOCTORAL** |
| Click or tap here to enter text.  Click or tap here to enter text.  Click or tap here to enter text.  Click or tap here to enter text.    Click or tap here to enter text.    CANADIANPERMANENT RESIDENTWORK PERMIT  LANGUAGE OF CORRESPONDANCE FRENG  Click or tap here to enter text.  Click or tap here to enter text.  Click or tap to enter a date.  (aaaa/mm/jj) |

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| **PROPOSED PROJECT** | | |
| **FACULTY** | **ACADEMIC UNIT** | **ORGANIZATION** (if applicable) |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **PROPOSED PROJECT TITLE** | | |
| Click or tap here to enter text. | | |
| **POSTDOCTORAL FELLOWSHIP PERIOD** | | |
| Click or tap to enter a date.(yyyy/mm/dd)  Click or tap to enter a date.(yyyy/mm/dd)  Click or tap here to enter text.Months | | |
| **FUNDING AGENCY** | | |
| Click or tap here to enter text. | | |

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| **FINANCIAL SUPPORT** | **SOURCE** | **AMOUNT** | **START DATE**  (yyyy/mm/dd) | **END DATE**  (yyyy/mm/dd) |
| **EXTERNAL FELLOWSHIP** (PAID DIRECTLY TO THE POSTDOCTORAL FELLOW) | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap to enter a date. |
| **STIPEND FROM RESEARCH SUPERVISOR** | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap to enter a date. |
| **OTHER** (SPECIFY)  Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap to enter a date. |

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| **PREVIOUS POSTDOCTORAL**  **FELLOWSHIPS** | **NAME OF INSTITUTIONS** | **START DATE**  (yyyy/mm/dd) | **END DATE**  (yyyy/mm/dd) |
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| **IMPORTANT :**  **PLEASE INCLUDE COPIES OF:**   * **LETTER OF OFFER FROM THE RESEARCH SUPERVISOR** * **NOTICE OF AWARD FROM THE GRANTING AGENCY** * **PROOF OF PhD** * **MOST RECENT CV** |

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| **DECLARATION OF THE POSTDOCTORAL FELLOW** |
| * **I certify that the information on this form is true and complete, including my declaration of citizenship and status in Canada.** * **Any false declaration on my part will result in the cancellation of my registration.** * **I agree to abide by all regulations of Saint Paul University**   **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Click or tap here to enter text.Click or tap to enter a date.  (aaaa/mm/jj) |

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| **RESEARCH DIRECTORS | SUPERVISORS** |
| Click or tap here to enter text.  **NAME** (RESEARCH SUPERVISOR)  Click or tap here to enter text.Click or tap to enter a date.  (aaaa/mm/jj)  Click or tap here to enter text.  **NAME** (RESEARCH CO-SUPERVISOR)  Click or tap here to enter text.Click or tap to enter a date.  (aaaa/mm/jj) |