

POSTDOCTORAL FELLOWS (CANADIAN AND PERMANENT RESIDENTS)

This form must be completed in full by the host and the faculty Administrator and sent to the Office of Graduate and Postdoctoral Studies (OGPS) at postdoc@uOttawa.ca with all required documentation. Please visit [our website](#) for a list of the required supporting documents.

A. POSTDOCTORAL FELLOW PERSONAL INFORMATION		
1. SURNAME(S)		
2. GIVEN NAME(S)		
3. EMAIL ADDRESS		
4. GENDER MALE FEMALE OTHER	5. DATE OF BIRTH YEAR MONTH DAY	6. TELEPHONE NUMBER
7. MAILING ADDRESS		

B. ACADEMIC INFORMATION			
8. NAME OF THE UNIVERSITY WHERE YOU RECEIVED YOUR DOCTORATE			
9. DATE OR EXPECTED DATE OF OBTAINING DOCTORATE (PROOF REQUIRED)	YEAR	MONTH	DAY
10. NAME OF RESEARCH SUPERVISOR AT THE UNIVERSITY OF OTTAWA			
11. EMAIL ADDRESS OF RESEARCH SUPERVISOR			
12. HAVE YOU PREVIOUSLY COMPLETED A POSTDOCTORAL FELLOWSHIP		YES	NO
13. IF YES, PLEASE INDICATE YOUR PREVIOUS POSTDOCTORAL FELLOWSHIP(S) BELOW			
NAME OF INSTITUTION	START DATE		END DATE
	YEAR	MONTH	DAY
	YEAR	MONTH	DAY
	YEAR	MONTH	DAY

C. FACULTY AND DEPARTMENT INFORMATION	
14. uOttawa FACULTY	
15. uOttawa DEPARTMENT	
16. ARE YOU WORKING WITH AN AFFILIATED INSTITUTE	YES NO
17. IF YES, PLEASE INDICATE WHICH ONE	

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D. COMPENSATION					
18. COMPENSATION FROM THE UNIVERSITY OF OTTAWA (ANNUAL SALARY ONLY)					AMOUNT:
19. START DATE		20. END DATE		21. TOTAL DURATION (IN MONTHS)	
YEAR	MONTH	DAY	YEAR	MONTH	DAY
22. COMPENSATION FROM EXTERNAL SOURCES (PROOF REQUIRED)					AMOUNT:
23. START DATE		24. END DATE		25. TOTAL DURATION (IN MONTHS)	
YEAR	MONTH	DAY	YEAR	MONTH	DAY
PLEASE INDICATE ALL SOURCES OF FUNDING THAT APPLIES TO YOUR POSTDOCTORAL FELLOWSHIP					

E. COMMENTS (OPTIONAL)

F. ACKNOWLEDGEMENT			
BY SELECTING "I AGREE" AND ENTERING YOUR NAME BELOW, YOU AGREE THAT THE INFORMATION PROVIDED IS TRUE AND ACCURATE TO THE BEST OF YOUR KNOWLEDGE.			
26. RESEARCH SUPERVISOR	I AGREE	29. POSTDOCTORAL FELLOW	I AGREE
27. DATE		30. DATE	
YEAR	MONTH	DAY	
28. NAME		31. NAME	

FOR INTERNAL USE ONLY							
APPROVED BY OGPS		YES	NO	VALIDATED BY HR		YES	NO
BY:	DATE			BY:	DATE		
	YEAR	MONTH	DAY		YEAR	MONTH	DAY
COMMENTS:				COMMENTS:			