

**INTERNATIONAL POSTDOCTORAL FELLOW**

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](mailto:postdoc@uOttawa.ca) with all required documentation. [More information](#) on the steps to becoming an international postdoctoral fellow is available online.

**DEFINITIONS**

**International postdoctoral fellow:** A postdoctoral fellow who is not a Canadian citizen or permanent resident of Canada

**Host:** The individual, the department or the faculty inviting the postdoctoral fellow to the University of Ottawa.

**Foreign National:** An individual who is neither a Canadian citizen nor a permanent resident.

**A. POSTDOCTORAL FELLOW PERSONAL INFORMATION**

1. PASSPORT NO: \_\_\_\_\_ 2. PASSPORT EXPIRY (YYYY-MM-DD): \_\_\_\_\_

3. FAMILY NAME (AS ON PASSPORT): \_\_\_\_\_

4. GIVEN NAME(S) (AS ON PASSPORT): \_\_\_\_\_

5. GENDER: \_\_\_\_\_ 6. DATE OF BIRTH (YYYY-MM-DD): \_\_\_\_\_  
 MALE FEMALE OTHER

7. COUNTRY OF BIRTH: \_\_\_\_\_ 8. CITIZENSHIP: \_\_\_\_\_

9. COUNTRY OF RESIDENCE: \_\_\_\_\_

10. CURRENT MAILING ADDRESS: \_\_\_\_\_

11. TELEPHONE NUMBER: \_\_\_\_\_

12. EMAIL ADDRESS: \_\_\_\_\_

13. CURRENT PLACE OF EMPLOYMENT: \_\_\_\_\_

14. CURRENT POSITION HELD: \_\_\_\_\_

15. HIGHEST LEVEL OF EDUCATION COMPLETED: \_\_\_\_\_

**Doctorate**

**B. ACADEMIC INFORMATION**

16. NAME OF UNIVERSITY WHERE DOCTORATE WAS RECEIVED: \_\_\_\_\_

17. DATE OR EXPECTED DATE OF OBTAINING DOCTORATE (YYYY-MM-DD): \_\_\_\_\_

18. NAME OF RESEARCH SUPERVISOR AT THE UNIVERSITY OF OTTAWA: \_\_\_\_\_

19. EMAIL ADDRESS OF RESEARCH SUPERVISOR: \_\_\_\_\_

20. PREVIOUSLY COMPLETED A POSTDOCTORAL FELLOWSHIP (IF YES, PLEASE COMPLETE BELOW)  YES  NO

**21. PREVIOUS POSTDOCTORAL FELLOWSHIP(S)**

NAME OF INSTITUTION	START DATE (YYYY-MM-DD)	END DATE (YYYY-MM-DD)

**C. POSITION INFORMATION**

22. POSITION TITLE: \_\_\_\_\_  
**Postdoctoral Fellow**

23. PURPOSE OF VISIT: \_\_\_\_\_  
 This foreign national is coming to the University of Ottawa as a postdoctoral fellow. Postdoctoral fellows are exempt from obtaining an LMIA under the exemption code **C44 - Postdoctoral fellows awarded a doctorate of philosophy (PhD)**

24. MAIN DUTIES OF POSTDOCTORAL FELLOW: \_\_\_\_\_

25. QUALIFICATIONS OF POSTDOCTORAL FELLOW (SKILLS AND EXPERIENCE): \_\_\_\_\_ **DOCTORATE REQUIRED**

26. ADDRESS OF PHYSICAL POSITION AT THE UNIVERSITY OF OTTAWA: \_\_\_\_\_

27. EXPECTED START DATE (YYYY-MM-DD): \_\_\_\_\_

28. EXPECTED END DATE (YYYY-MM-DD): \_\_\_\_\_

29. TOTAL DURATION (IN MONTHS): \_\_\_\_\_

**D. COMPENSATION**

30. COMPENSATION FROM THE UNIVERSITY OF OTTAWA (ANNUALIZED AMOUNT) AMOUNT: \_\_\_\_\_

31. COMPENSATION FROM EXTERNAL SOURCES (PROOF REQUIRED) AMOUNT: \_\_\_\_\_

**E. FACULTY AND DEPARTMENT INFORMATION**

32. FACULTY: \_\_\_\_\_

33. DEPARTMENT: \_\_\_\_\_

34. CONTACT PERSON: \_\_\_\_\_

35. PHONE: \_\_\_\_\_ 36. EMAIL: \_\_\_\_\_

37. COMPLETE FUND ORGANIZATION ACCOUNT PROGRAM (FOAP) NUMBER:

FUND	ORGANIZATION
ACCOUNT	PROGRAM

38. NAME OF PERSON RESPONSIBLE FOR FOAP AUTHORIZATION: \_\_\_\_\_

F. ACKNOWLEDGEMENT: By entering your name below, you agree that the information provided is true and accurate to the best of your knowledge.	
39. RESEARCH SUPERVISOR	I AGREE
40. DATE (YYYY-MM-DD):	
41. NAME:	
42. POSTDOCTORAL FELLOW	I AGREE
43. DATE (YYYY-MM-DD):	
44. NAME:	

G. POSTDOCTORAL FELLOW STATUS	
45. INITIAL REQUEST	
46. RENEWAL/EXTENSION	CURRENT WORK PERMIT NO. (IF APPL.): To continue working under implied status, a postdoctoral fellow must apply for renewal or extension before the current work permit expires and the working conditions MUST remain the same. If there are new working conditions, the postdoctoral fellow must cease working on the expiry date of the current work permit and cannot work until a new work permit is received. An application for renewal or extension should be submitted four months prior to the expiration date of the current permit. processing times.
47. CURRENT WORK PERMIT NO. (IF APPL.):	
48. START DATE (YYYY-MM-DD):	
49. EXPIRY DATE (YYYY-MM-DD):	
LMIA exemption code: C44 – Postdoctoral fellows awarded a doctorate of philosophy (PhD)	

FOR INTERNAL USE ONLY					
PRE-APPROVED BY OGPS:	YES	NO	VALIDATED BY HR IMMIGRATION:	YES	NO
BY:	DATE (YYYY-MM-DD):		BY:	DATE (YYYY-MM-DD):	
COMMENTS:			COMMENTS:		