

# Postdoctoral Fellows Registration Form

Complete this form by placing a check in the appropriate boxes and filling in the blanks. Forward signed form, copy of degree certificate (in English), and CV to the Postdoctoral Fellows Office, pdfo@ualberta.ca.

Personal Information			
Surname:		Given Name:	
		Middle Name(s):	
UAlberta ID#:		UAlberta Email:	
		Gender:	
Date of Birth:		Immigration Status:	
		Country of Citizenship:	
Doctoral Degrees (Earned)			
<b>Most recent degree:</b>	<input type="checkbox"/> Doctoral (PhD)	<input type="checkbox"/> MD	<input type="checkbox"/> Other (DDS etc.) <b>Specify</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>
Department/Institution PhD was obtained:	<span style="border: 1px solid black; display: inline-block; width: 95%; height: 15px;"></span>		
Date degree requirements met (including thesis defense and submission for graduation):			
Previous Postdoctoral Experience			
Number of previous postdoctoral positions held?	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>	Total years of <u>previous</u> Postdoc training:	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>
Current Postdoctoral Appointment			
Start Date of Appointment:	Department:		
Supervising Faculty Member(s):	<span style="border: 1px solid black; display: inline-block; width: 95%; height: 15px;"></span>		
<b>Campus</b> Mailing Address:	<span style="border: 1px solid black; display: inline-block; width: 95%; height: 15px;"></span>		
Funding Source(s)			
Name of Research Grant or Fellowship funding your appointment:	<span style="border: 1px solid black; display: inline-block; width: 95%; height: 15px;"></span>		
Annual Stipend:	<span style="border: 1px solid black; display: inline-block; width: 95%; height: 15px;"></span>		
<input type="checkbox"/> Stipend paid from Faculty Member's Research Grant <input type="checkbox"/> Recipient of a Fellowship <i>not</i> paid through the UofA payroll system (attach a copy of award letter) <input type="checkbox"/> Recipient of a Fellowship paid through the UofA payroll system (attach a copy of award letter) <input type="checkbox"/> Supported by external funding source (eg home government) (attach a copy of government authorization)			
I certify that I have read the Policies Governing Postdoctoral Fellows and the information I have provided is accurate.			
Date	Printed Name	Postdoctoral Fellow's Signature	
<input type="checkbox"/> <b>Copy of Degree Certificate attached</b> (or letter from University Registrar stating that degree requirements have been met - <b>either document used must be translated to English</b> )			
<input type="checkbox"/> <b>Curriculum Vitae attached</b>			
The information requested on this form is collected under the authority of Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act in order to administer and maintain PDF records. Personal information is protected under this Act. For further information, contact the Coordinator, Postdoctoral Fellows Office, pdfo@ualberta.ca - Form updated September 4, 2019.			