

Should this form be subject to any modification by Concordia University, the Postdoctoral Fellow will be required to sign a new and revised Registration Form.

## Postdoctoral Registration Form

### NOTICE

*\* All PDF's are advised that they are responsible for obtaining and maintaining their own personal and/or family insurance coverage (including health, medications, dental, travel) and that proof of such coverage may be requested.*

*\*\* All PDF's are advised that they are solely responsible for obtaining and maintaining the correct and valid travel documentation for the entire period of the PDF appointment.*

*\*\*\* All PDF's acknowledge and accept responsibility for their own status and/or obligations with regard to personal taxation under applicable provincial and federal law and agree to indemnify and hold Concordia University harmless with respect to any decision or penalty imposed by a tax authority.*

Do you have a Concordia University ID Number?

No     Yes: Concordia ID number: \_\_\_\_\_

### Biographical Information

Names must reflect those on acceptable citizenship/immigration documents. Please print clearly using pen.

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth (YY/MM/DD): \_\_\_\_\_ Gender (M/F): \_\_\_\_\_

(Please specify one of the following and submit documentation verifying status):

- |  |   |
|--|---|
| 1. <input type="checkbox"/> Canadian   | 2. <input type="checkbox"/> Permanent Resident<br>Country of Citizenship _____                                  |
| 3. <input type="checkbox"/> Visa/Work Permit<br>Country of Citizenship _____ | 4. <input type="checkbox"/> Other (e.g. refugee proven, refugee claimant, etc.)<br>Country of Citizenship _____ |

### Permanent Code

If you already have a 12 character permanent code assigned by the *Ministère de l'Éducation, du Loisir et du Sport*, please enter it below.

Permanent Code: \_\_\_\_\_

If you **do not have a permanent code** you are required to provide the following information:

Place of Birth: \_\_\_\_\_  
(Country and City)

Father's Family Name: \_\_\_\_\_ Father's First Name: \_\_\_\_\_

Mother's Family Name: \_\_\_\_\_ Mother's First Name: \_\_\_\_\_

### Language

First Language:     English     French     Other: \_\_\_\_\_

Language normally spoken at home:     English     French     Other: \_\_\_\_\_  
Specify if more than one.

**Address**

Internal Address (Your Department Name & Address): \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Doctoral Degree Information**

Date Ph.D. Obtained (YY/MM/DD): \_\_\_\_\_ Country Ph.D. Obtained: \_\_\_\_\_

Institution Ph.D. Obtained: \_\_\_\_\_

**Postdoctoral Appointment Information**

Concordia Department of PDF Appointment: \_\_\_\_\_  
(e.g. Biology, Mathematics, Engineering (Civil), etc.)

Research Institution: \_\_\_\_\_  
(if other than Concordia, please specify)

Stipend: \_\_\_\_\_ Source: \_\_\_\_\_

Other Support: \_\_\_\_\_  
(specify: conference funding, research costs, lab and/or office space, equipment, etc.)

Supervisor (Name/Department/Address): \_\_\_\_\_

Date of fellowship tenure: From \_\_\_\_\_ to \_\_\_\_\_

Brief Project Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Keywords (up to 5): \_\_\_\_\_  
\_\_\_\_\_

Postdoc's Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor's Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If research involves animals or human subjects, radioactive materials, biohazardous or infectious material, the Supervisor will ensure that all appropriate safety protocols and ethics certification procedures will be followed.

Postdoc Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Unit Head Name Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please submit to the School of Graduate Studies, 2145 Mackay, Room M-102*