

SCHOOL OF GRADUATE STUDIES

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
Country of Citizenship _____ |
| 3. <input type="checkbox"/> Visa/Work Permit
Country of Citizenship _____ | 4. <input type="checkbox"/> Other (e.g. refugee proven, refugee claimant, etc.)
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: _____

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, 1550 de Maisonneuve, Room GM-930-22