

Postdoctoral Registration Form

amily, Surname, Last Name		Given First Name			Date of birth	Date of birth (mm/dd/yyyy)			
nail			Telephone		Gender		Pronouns (o	ational)	
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urrent Address		City		Country		Postal Code	Postal Code		
irth Place – City/Country			Current Country of Residence						
tizenship Sta	tus (indicate	only one)							
Canadian Citizen	Province of residence:								
	Date of landing:								
Permanent Resident	Permanent Reside	ency Identification numb	er:						
Country of Citizenship: Non-Canadian									
Non-Canadian									
is your choice to self-identify if	you belong to one o	r more of the following	g minority groups that ha	ve been designate	d by the Universit	's equity policy.			
	_	_	g minority groups that ha	e been designate	d by the Universit	r's equity policy.			
is your choice to self-identify if Indigenous Disa	_	_	_	e been designate	d by the Universit	s's equity policy.			
is your choice to self-identify if Indigenous Disa	bled Visi	_	Woman	ve been designate		s's equity policy.	NSID		
s your choice to self-identify if Indigenous Disa Iucation ve you attended the University	bled Visi	ible Minority	Woman			s's equity policy.	NSID		
s your choice to self-identify if Indigenous	of Saskatchewan?	If yes, in what year deersity Level	Woman lid you last register? of Study aee's CV.	U of S Stude		s's equity policy.			
is your choice to self-identify if Indigenous	of Saskatchewan?	If yes, in what year deersity Level	Woman lid you last register? of Study nee's CV. Institution/Organizati	U of S Stude	nt Number	s's equity policy.	NSID Gradu: Degree	ate	Year
is your choice to self-identify if Indigenous Disa Dis Dis	of Saskatchewan?	If yes, in what year deersity Level ections in the nomin	Woman lid you last register? of Study nee's CV. Institution/Organizati	U of S Stude	nt Number	s's equity policy.	Gradu	ate	Year
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is your choice to self-identify if Indigenous Disa Dis Dis	of Saskatchewan?	If yes, in what year deersity Level ections in the nomin	Woman lid you last register? of Study nee's CV. Institution/Organizati	U of S Stude	nt Number	s's equity policy.	Gradu	ate	Year

Postdoctoral Appointment at the University of Saskatchewan Campus Mailing Address Academic Unit Name Faculty Supervisor Address where majority of postdoctoral work will be done Funding Source (indicate those appropriate) □ _{Ves} □ _{No} Recipient of an External Fellowship paid through University payroll system (attach copy of award letter) ☐ Yes ☐ No Recipient of an External Fellowship not paid through University payroll system (attach copy of award letter) ☐ Yes ☐ No Salary paid from Faculty Supervisor's research grant or other University sources ☐ Yes ☐ No Stipend paid from foreign government (attach copy of award letter) Annual Funding Amount (CDN) \$_ Must be a minimum annual amount of \$42,500 CDN **Declaration** Iagree, if admitted to the University of Saskatchewan, to comply with the regulations of the University. Icertify that the particulars furnished on the application are true and complete in all respects and that no relevant information has been withheld. I understand that misrepresentation, falsification of documents, or withholding of requested information in regard to this application are serious offenses that may result in dismissal from the University and/or prosecution under the University's Discipline Regulations and/or the Criminal Code of Canada. **Intellectual Property Understanding** Icertify that I have been informed, in writing, by the supervisor of any prior intellectual property agreements covering any research work that I undertake, including the commitments made in the agreements, and any benefits or the lack thereof. Signature of applicant Date (mm/dd/yyyy) Supervisor I certify that this PDF is a trainee with me and that the appropriate facilities are in place; and Icertify that I have informed, in writing, this PDF of any prior intellectual property agreements covering any research work that they are to undertake, including the commitments made in the agreements, and any benefits or the lack thereof. Signature of supervisor Printed name of supervisor Date (mm/dd/yyyy) Head/Dean I concur with the above statements and authorize the appointment. Signature of Head/Dean Printed name of Head/Dean Date (mm/dd/yyyy) FOR COLLEGE OF GRADUATE AND POSTDOCTORAL STUDIES OFFICE USE ONLY Extension Start date (mm/dd/yyyy) Start date as PDF at U of S (mm/dd/yyyy) Start Date Current App't End Date (mm/dd/yyyy) Is this an extension? Extension End Date (mm/dd/vvvv) □ Yes □ No Associate Dean of Graduate and Postdoctoral Studies Date (mm/dd/vvvv) Checklist The following must be attached to this registration form: ☐ Signed letter of offer ☐ Signed Intellectual Property Agreement ☐ Applicant's CV Copy of external award letter (if applicable) ☐ Scan of applicant's passport photo page ☐ Copy of Permanent Residence card (if applicable) ☐ Proof of doctorate degree completion E-mail address of staff member responsible for administration of PDF in academic unit: _