

# Postdoctoral Scholar Registration Form

## Instructions

Supervisors and postdoctoral scholars are asked jointly to complete the following form. The supervisor will then forward this form by email to their Chair or Director for departmental and decanal signatures. Once completed, the form can be sent to [orsadmin@brocku.ca](mailto:orsadmin@brocku.ca) and [postdocs@brocku.ca](mailto:postdocs@brocku.ca) for signature by the Associate Vice-President, Research. Once received, the form will be used to create a General Research Account in the name of the scholar for use in covering research project expenditures.

Part 1: Personal and Contact Information:	
First Name:	Last Name:
Email:	Phone:
Date Doctoral Degree Awarded or Expected:	

Part 2: Administrative Department Information:
Supervisor Name:
Faculty:
Department:

Part 3: Postdoctoral appointment information:	
Select one: <input type="checkbox"/> Domestic <input type="checkbox"/> International	
Previous Postdoctoral Experience <input type="checkbox"/> Yes <input type="checkbox"/> No _____ # of years	
Research Project Title:	
Appointment Start Date: (YYYY-MM-DD)	Appointment End Date: (YYYY-MM-DD)

Part 4: Funding Source:		
Source of Salary (select all that apply)	<input type="checkbox"/> From Brock University supervisor's account	\$
	<input type="checkbox"/> From a third party (e.g., Tri-Agency, industry) and is being allocated through Brock university. <b>Attach corresponding agreement.</b>	\$
	<input type="checkbox"/> From a third party (e.g., Tri-Agency, industry) and is <b>NOT</b> being allocated through Brock university. <b>Attach corresponding agreement.</b>	\$
<b>Total Annual Salary</b>		\$

Part 5: Signatures		
Postdoctoral Scholar		
	Signature	Name Date
Faculty Supervisor		
	Signature	Name Date
Department Chair or Director		
	Signature	Name Date
Faculty Dean		
	Signature	Name Date
Return the completed and signed form to _____ to obtain the following signature		
Associate Vice-President, Research		
	Signature	Name Date

**Additional Notes:**