



VISION: SCIENCE TO APPLICATIONS (VISTA)

Post-Doctoral Application Form

Applicant Information

Full Name: _____
Last First Middle

Address: _____
Street Address Apartment/Unit #

City Province/State Postal/Zip Code

Country

Phone: _____ **Email:** _____

Degree (s) Awarded/Expected (with date): _____

Will you be more than 3 years post-PhD when the award is to commence? Yes No

If yes, please explain why.

Title of Proposed Project: _____

Expected Start Date: _____

Main Discipline of Project (e.g., Psychology, Computer Science, etc.): _____

Secondary disciplines: _____

Proposed Supervisor (Must be a VISTA Core member): _____

Proposed Co-Supervisor(s) (May be VISTA Core, Associate, or Affiliate Members): _____

Secured or potential partner organization(s), and their role in the project (if applicable): _____

List of Referees

Name of persons sending letters of reference:

Full Name: _____ Relationship: _____

Role: _____ Phone: _____

Email: _____

Full Name: _____ Relationship: _____

Role: _____ Phone: _____

Email: _____

Please note that letters of reference are to be sent directly by referees to applyvista@yorku.ca.

Declaration and Consent

I have read and agree to the following:

1. I certify that the information I have provided in this application is true, complete and accurate in all respects, including my declarations as to citizenship and immigration status in Canada, institutions attended and that all available information requested in this application has been disclosed.
2. All information I have provided in connection with this application is subject to verification and audit by York University.
3. I shall provide supporting documentation to York University to verify my eligibility upon request.
4. I consent to the disclosure by York University of personal information I have given in this application as follows:
 - a) to referees I have named and to other educational institutions when necessary to verify my statements.
5. I understand that any misrepresentation on this application or failure to provide my consent to authorize York University to verify my information on this application may result in cancellation of my admission or enrolment status.

Signature: _____ Date: _____

Please submit your completed application along with other required documents to applyvista@yorku.ca by April 10 / September 6, 2017. Thank you.