



**VISION: SCIENCE TO APPLICATIONS
(VISTA)**

Post-Doctoral Supervisor Form

Applicant Information

Applicant Full Name: _____
Last *First* *Middle*

Supervisor Information: _____
Name

Department *Faculty*

Supervisor Phone: _____ **Email:** _____

Declaration and Consent

I agree to supervise the applicant listed above should this person be awarded a VISTA Postdoctoral Award.

I agree with the proposed start date of _____

Signature: _____ Date: _____

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