



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

Post-Doctoral Collaborator Form

Applicant Information

Applicant Full Name: _____
Last First Middle

Collaborator Information: _____
Name

_____ *Department Faculty*

Collaborator Phone: _____ **Email:** _____

Collaborator's Declaration and Consent

I agree to be a collaborator on the proposed project with 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. Thank you.