



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

**Post-Doctoral Supervision Form**

**Applicant Information**

**Applicant Full Name:** \_\_\_\_\_  
*Last* *First* *Middle*

**Supervisor Information:** \_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Department* *Faculty*

**Supervisor Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Supervisor's 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](mailto:applyvista@yorku.ca) by the application deadline. Thank you.**