

Post-Doctoral Project Partner Form

Applicant/Supervisor Information

**Applicant
Full Name:**

Last

First

Middle

**Project
Title:**

**Supervisor
Information:**

Name

Department

Faculty

**Supervisor
Phone:**

Email:

Partner Information

Name:

Title:

Organization:

Phone:

Email:

I confirm my role as Partner in this project.

Signature:

Date:

Please submit your completed application along with other required documents to applyvista@yorku.ca by the application deadline. Thank you.