

## 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.