

**UNIVERSITY OF NEW BRUNSWICK
POSTDOCTORAL FELLOWSHIP RECOMMENDATION FORM
(FOR HIRING A NEW PDF)**

CAMPUS: _____ FACULTY: _____ DEPT. _____

APPOINTEE'S NAME: _____

ADDRESS: _____ TEL. () _____

_____ E-MAIL: _____

_____ FAX: _____

CANADIAN CITIZEN PERMANENT RESIDENT OTHER (Specify): _____

TERM OF FELLOWSHIP: Commencing: _____ Ending: _____

VALUE OF FELLOWSHIP (in Canadian funds): _____

SOURCE OF FUNDS / AGENCY: _____

UNB ACCOUNT NUMBER (if applicable): _____

OTHER SOURCES OF FUNDING: _____

FUNDS FOR RELOCATION AND/OR TRAVEL: _____

RESEARCH TOPIC (Please attach an extra page if more room is required.):

SUPPORTING DOCUMENTS:

Please attach the following:

- (1) A current CV
- (2) Two Letters of Recommendation/Reference
- (3) Proof of sponsoring research agency (if candidate is coming with funding)

Institutional Nominator's Signature _____ Date _____

Department Chair's Signature _____ Date _____

APPROVAL

Dean of Faculty _____ Date _____

Signature of V-P (Research) _____ Date _____