

**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: \_\_\_\_\_

WILL THIS PDF BE EXPECTED TO TEACH: YES ☐ NO ☐

ACCOUNT NUMBER FOR TEACHING STIPEND: \_\_\_\_\_

FUNDS FOR RELOCATION AND/OR TRAVEL: \_\_\_\_\_

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

**SUPPORTING DOCUMENTS:**

- 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 Name and Signature

Date

---

Department Chair's Name and Signature

Date

**APPROVAL**

---

Dean of Faculty's Name and Signature

Date

---

Signature of V-P (Research)

Date