

**UNIVERSITY OF NEW BRUNSWICK
REQUEST TO AMEND OR EXTEND A
CURRENT POSTDOCTORAL FELLOWSHIP OFFER**

CAMPUS: _____ FACULTY: _____ DEPT.: _____

APPOINTEE'S NAME: _____

☐ AMENDMENT or ☐ EXTENSION OF EXISTING POSTDOCTORAL FELLOWSHIP

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: (1) Please attach a current CV

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 _____