**** 

**H.G. Thode Postdoctoral Fellowship**

**Application Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: | | Given name(s): | |
| Citizenship: | | | |
| Permanent Address: | | | |
| Mailing Address (if different): | | | |
| Telephone: | Email address: | | |
| University affiliations (including degrees, universities, and dates): | | | |
| Date of completion of PhD, if degree not yet awarded indicate estimated date of completion: | | | |
| Discipline of Doctoral Degree: | | | |
| Please provide the names, university affiliations and email addresses of your two referees and your Department Chair: | | | |
| Proposed Research Supervisor(s): | | | |
| Ph.D. Supervisor (or most recent Postdoctoral Fellowship Supervisor): | | | |
| Department Chair or Delegate: | | | |
| Signature of Department Chair: | | | Date: |

McMaster University’s privacy policy can be found at: <http://www.mcmaster.ca/privacy/>