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**THE E. B. EASTBURN POSTDOCTORAL FELLOWSHIP**

Application Form

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| Surname:        | Given names:        |
| Citizenship: Must be: Canadian or Permanent Resident (circle one) |
| Permanent Address:       |
| Mailing Address (if different):       |
| Telephone:       |
| Email:        |
| 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 at least three referees who are the authors of supporting letters being sent under separate cover:  |
| 1. Proposed Research Supervisor(s):

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| 1. Ph.D. Supervisor:

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| 1. Other:

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| How did you learn about The E. B. Eastburn Postdoctoral Fellowship?       |

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