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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): | |
| 1. Ph.D. Supervisor: | |
| 1. Other: | |
| How did you learn about The E. B. Eastburn Postdoctoral Fellowship? | |

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