



## 2019 H.G. Thode Postdoctoral Fellowship Application Form

Surname:		Given names:	
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/>