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**2025 U of T Provost’s Postdoctoral Fellowship Program**

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| **Applicant** | | |
| First Name |  | |
| Last Name |  | |
| E-mail |  | |
| Proposed Research Title |  | |
| Research Discipline | Humanities  Sciences  Social Sciences | |
| Group Status | Black and/or  Indigenous to Turtle Island | |
| Gender |  | |
| Legal Status | Domestic (Canadian Citizen or Permanent Resident)  International: Country of Citizenship | |
| Are you eligible to be appointed as a Postdoctoral Fellow following all U of T definitions and policies?  (<https://postdoc.sgs.utoronto.ca/>) | | Yes  No |
| Are you currently registered at U of T as a Ph.D. student? | | Yes  No |
| Do you have a U of T Student Number? | | Yes, it is:        No |
| Do you hold a faculty position at a college or university or be on leave from such a position? | | Yes  No |
| Do you hold concurrently another major fellowship? | | Yes  No |
| Have you held a Provost’s Postdoctoral Fellowship previously? | | Yes  No |
| Are you able to begin the fellowship by January 2026? *Note: Nominee must have obtained a doctoral degree at the time the fellowship commences.* | | Yes  No |
| Number of postdoctoral fellowships completed to date (include any currently in progress PDFs as a decimal) | |  |
| Total number of months as a PDF completed to date (include any currently in progress) | |  |
| If awarded, proposed start date (YYYY-MM-DD)  *Note: Nominee must have obtained a doctoral degree at the time the fellowship commences.* | |  |
| **Degree Information** | | |
| Degree Type | PhD   PhD Equivalent  Health Professional (MD, DDS, DVM)  Currently Licensed in Canada, Expiry Date:  Allied Health Professional  Currently Licensed in Canada,  Expiry Date: | |
| Degree Name |  | |
| PhD Institution |  | |
| Department |  | |
| Institution Country |  | |
| Date Completed or Expected (YYYY-MM-DD) |  | |

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| **Faculty Advisor** | |
| First Name |  |
| Last Name |  |
| E-mail |  |
| UTM Department |  |
| Graduate Unit |  |
| Current Position at UTM |  |
| Position Type | Tenured  Tenure-track  Non-tenure  Full-time  Part-time |
| CC |  |
| CFC |  |
| Submission Checklist | A completed cover sheet (downloaded from OVPRI website)  A copy of completion of degree (if applicable)  **A nomination letter from the graduate unit/department Chair** as per the selection criteria (max. two pages). Be sure to clearly state which underrepresented group (Indigenous to Turtle Island and/or Black) the nominee identifies ***\*\* Please include a line “I confirm Dr. xxx identifies as a Black and/or Indigenous to Turtle Island researcher” in the first paragraph of the letter.\*\****  **A supervisor statement** from the faculty advisor/mentor (max. two pages)  **Research or scholarship proposal** from the nominee (max. 2 pages, plus up to 2 additional pages for references/citations)  **Training statement from the nominee** (max. 1 page)  **Nominee’s CV** (no page restriction)  **A short personal biography** written by the nominee (max. 1/3 page**)**, which may be used on the SGS Postdoctoral Fellows website or other communications, should they be successfully selected as a Provost’s Postdoctoral Fellow.  **All of the above documents should be combined as a single .pdf file in the order as listed above. Content beyond page limits will not be accepted.** Please use the file naming convention of “**Last name, First Name\_PPFP2025**” for the nomination packages. |