

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

|  |
| --- |
| **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) |       |

|  |
| --- |
| **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. |