

**Postdoctoral Fellow Engagement Form**  
(to be completed by Supervisor)

**Postdoctoral Fellow Information**

Given Name:

Surname:

**Engagement Duration and Supervisors**

Deadline for returning the letter:   
(YYYY/MM/DD)

Supervisor Name:

Supervisor Phone:

Supervisor Email:

Supervisor Department:

Co-Supervisor Name:

Co-Supervisor Phone:

Co-Supervisor Email:

Co-Supervisor Department:

**Funding Information**

Annual Stipend:

Stipend type: (choose one)  Stipend paid from UofT funds (i.e.PI grants/funds, Department funds)

Award processed or paid through UofT

Agency Name:

Award paid directly from an agency

Agency Name: