



YORK UNIVERSITY

POST-DOCTORAL APPLICATION FORM

FULL NAME:					
	LAST	FIRST	MIDDLE		
ADDRESS:					
	STREET ADDRESS		APARTMENT/UNIT #		
	СІТҮ	PROVINCE/STATE	POSTAL/ZIP CODE		
	COUNTRY				
PHONE:		EMAIL:			
DEGREE (S) A	WARDED/EXPECTED (V	VIIH DATE):			
APPLYING FO	R DISTINGUISHED POST	-DOCTORAL FELLOWSH	11P? YES	NO	
TITLE OF PRO	POSED PROJECT:				
EXPECTED STA	ART DATE:				
MAIN DISCIPLINE OF PROJECT (E.G.; PSYCHOLOGY, COMPUTER SCIENCE, ETC.):					
SECONDARY (DISCIPLINES:				
PROPOSED SUPERVISOR (MUST BE A VISTA CORE MEMBER):					
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PROPOSED CO	LLABORATOR(S)	(MAY BE VIS	TA CORE, ASS	SOCIATE, OR	AFFILIATE
MEMBERS):					

SECURED OR POTENTIAL PARTNER ORGANIZATION(S), AND THEIR ROLE IN THE					
PROJECT (IF APPLICABLE):					
Is this application for an extension of an existing VISTA funded Post-doctoral Fellowship?			NO NO		
If yes, have you received external funding? IF YES, PLEASE INCLUDE NOTICE OF AWARD WITH YOUR APPLICATION.		YES	ΝΟ		
LIST OF REFEREES					
NAME OF PERSONS SENDING LETTERS OF REFERENCE					
FULL NAME:	ROLE:				
RELATIONSHIP:	PHONE:				
EMAIL:					
NAME OF PERSONS SENDING LETTERS OF REFERENCE					
FULL NAME:	ROLE:				
RELATIONSHIP:	PHONE:				
EMAIL:					

PLEASE NOTE THAT LETTERS OF REFERENCE ARE TO BE SENT DIRECTLY BY REFEREES TO APPLYVISTA@YORKU.CA

CRITERIA/RUBRIC

- 𝔍 INTENTION TO APPLY FOR INTERNSHIPS

DECLARATION AND CONSENT

I HAVE READ AND AGREE TO THE FOLLOWING:

- **1.** I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE, COMPLETE, AND ACCURATE IN ALL RESPECTS, INCLUDING MY DECLARATIONS AS TO CITIZENSHIP AND IMMIGRATION STATUS IN CANADA, INSTITUTIONS ATTENDED AND THAT ALL AVAILABLE INFORMATION REQUESTED IN THIS APPLICATION HAS BEEN DISCLOSED.
- 2. ALL INFORMATION I HAVE PROVIDED IN CONNECTION WITH THIS APPLICATION IS SUBJECT TO VERIFICATION AND AUDIT BY YORK UNIVERSITY.
- **3.** I SHALL PROVIDE SUPPORTING DOCUMENTATION TO YORK UNIVERSITY TO VERIFY MY ELIGIBILITY UPON REQUEST.
- **4.** I CONSENT TO DISCLOSURE BY YORK UNIVERSITY OF PERSONAL INFORMATION I HAVE GIVEN IN THIS APPLICATION AS FOLLOWS:

A.) TO REFEREES I HAVE NAMED AND TO OTHER EDUCATIONAL INSTITUTIONS WHEN NECESSARY TO VERIFY MY STATEMENTS

5. I UNDERSTAND THAT ANY MISREPRESENTATION THIS APPLICATION OR FAILURE TO PROVIDE MY CONSENT TO AUTHORIZE YORK UNIVERSITY TO VERIFY MY INFORMATION ON THIS APPLICATION MAY RESULT IN CANCELLATION OF MY ADMISSION OR ENROLMENT STATUS.

SIGNATURE

DATE

PLEASE SUBMIT YOUR COMPLETED APPLICATION ALONG WITH OTHER REQUIRED DOCUMENTS TO APPLYVISTA@YORKU.CA BY THE APPLICATION DEADLINE. THANK YOU.



POST-DOCTORAL SELECTION CRITERIA

CRITERIA	DESCRIPTION	WEIGHT
RESEARCH ABILITY OR POTENTIAL	 QUALITY OF CONTRIBUTIONS TO RESEARCH AND DEVELOPMENT RELEVANCE OF WORK EXPERIENCE AND ACADEMIC TRAINING TO VISTA MANDATE SCHOLARSHIPS AND AWARDS HELD DURATION OF GRADUATE STUDIES ABILITY TO THINK CRITICALLY ABILITY TO APPLY SKILLS AND KNOWLEDGE JUDGMENT ORIGINALITY INITIATIVE AND AUTONOMY ENTHUSIASM FOR RESEARCH DETERMINATION AND ABILITY TO COMPLETE PROJECTS WITHIN AN APPROPRIATE PERIOD OF TIME 	40%
EXCELLENCE OF THE RESEARCH PROPOSAL & TRAINING PLAN	 RESEARCH PROPOSAL IS OF HIGH QUALITY ON A TOPIC THAT ALIGNS WITH VISTA'S MANDATE AND ADDRESSES AN IMPORTANT QUESTION IN THE FIELD. PROPOSALS THAT INCLUDE A CURRENT OR POTENTIAL FUTURE VISTA PARTNER (PRIVATE, ACADEMIC OR PUBLIC SECTOR) ARE NOT MANDATORY BUT WILL BE CONSIDERED A STRENGTH. 	30%
TRANS- DISCIPLINARITY OF PROPOSED RESEARCH	 RESEARCH FOCUSES ON FUNDAMENTAL AND APPLIED VISION RESEARCH RESEARCH COMBINES BIOLOGICAL AND COMPUTATIONAL PERSPECTIVES RESEARCH INVOLVES A RANGE OF TECHNIQUES SUPERVISION COMMITTEE IS CROSSES MULTIPLE DISCIPLINES TRAINEE IS EMBARKING IN A NEW AREA OF VISION RESEARCH 	15%
POTENTIAL FOR KNOWLEDGE/ COMMERCIAL TRANSLATION	 RESEARCH HAS TRANSLATIONAL POTENTIAL FOR HEALTH, INDUSTRY, OR OTHER APPLICATIONS. RESEARCH HAS THE POTENTIAL TO DEVELOP IMMEDIATE/SHORT-TERM APPLICATIONS RESEARCH HAS THE POTENTIAL FOR FUNDAMENTAL BREAKTHROUGHS WITH LONG-TERM APPLICATIONS RESEARCH HAS NON-ACADEMIC PARTNERSHIP(S) 	15%