

Signature

UNIVERSITY OF WESTERN ONTARIO APPLICATION FOR FULL-TIME FACULTY POSITION

Name:	Street Name/#:			
Telephone #:	City/Province:			
E-mail:	Country:			
Fax #:	Postal Code:			
Date of Completion of PhD or equivalent:	University			
If you have not completed your PhD or equivalent, are you a full	l-time graduate student?	○ Yes (○ No	
Which Institution	Country			
Comprehensive Examinations completed in which areas (if appl	licable):			
Major Minor				
Title of Dissertation				
Name of Supervisor				
Are you legally entitled to work in Canada?	○ Yes	○ No		
All qualified candidates are encouraged to apply. To assist the Uniplease provide a response to the following:	versity in complying with the T	emporary Foreign Wor	ker Program (TFWP), i	f required,
Are you a Canadian Citizen or Permanent Resident?	○ Yes	○ No		
DOCUMENTATION REQUIRED: Please attach your CV and all docu	uments requested in the job po	sting.		
DECLARATION: All of the information I have given	in this application is true and c	omplete.		
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Date

Nov 2024