

**StFX – Memorial University**

**Visiting PhD Student Information Form**

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| **Student** |
| Last name: |  |
| First name: |  | Middle name: |  |
| Preferred name: |  |
| **Contact**  |
| Street: |  |
| City:  |  | Province:  |  |
| Postal Code:  |  | Country: |  |
| Phone: |  | Email: |  |
| **Emergency Contact**  |
| Name: |  |
| Relationship: |  |
| Street: |  |
| City: |  | Province: |  |
| Postal Code: |  | Country: |  |
| Phone: |  | Email: |  |
| **Personal Information** |
| Gender: |  | Date of Birth: |  |
| Citizenship: |  | SIN/SSN: |  |
| StFX Student Number (if applicable):  |
| Previous last name (if applicable):  |
| **Program Information** |
| StFX Department: |  | Supervisor: |  |
| MUN Department: |  | Supervisor: |  |
| Program start date: |  | Program end date: |  |
| Initial StFX residency start date:  | Initial StFX residency end date:  |
| Anticipated start and end dates of subsequent StFX residency periods:  |
| **Signatures**  |
|  |  |
| Student Signature | StFX Supervisor Signature |
| Date:  | Date:  |