

**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: | |