

## WESTERN UNIVERSITY APPLICATION FOR CANADA RESEARCH CHAIR

| Name:                                                                              |  |                       |
|------------------------------------------------------------------------------------|--|-----------------------|
| ADDRESS:                                                                           |  |                       |
| Street/Street #:                                                                   |  |                       |
| City:                                                                              |  | Province/State:       |
| Country:                                                                           |  | Postal Code/Zip Code: |
| Date of Completion of PhD or Equivalent:                                           |  | University:           |
| I would like my application to be considered for the following: (please check one) |  |                       |
| Designated Group Membership                                                        |  |                       |
|                                                                                    |  |                       |
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|                                                                                    |  |                       |