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UNIVERSITÉ LAVAL | Bureau du registraire

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CANADA

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ADMISSION AND REGISTRATION
FOR POSTDOCTORAL FELLOWSHIP

Please save this form on your computer and then complete it with Acrobat Reader. **Do not complete directly in your browser.**

1 If you have already studied at Université Laval, write your Student ID Number (NI) :

ADMISSION PROFILE

Personal data

2 FIRST NAME | LAST NAME | DATE OF BIRTH (YYYY-MM-DD)

QUEBEC GOVERNMENT PERMANENT CODE | GENDER ☐ Female ☐ Male | **3** MOTHER TONGUE ☐ French ☐ English ☐ Other | **4** LANGUAGE SPOKEN AT HOME ☐ French ☐ English ☐ Other

5 COUNTRY OF BIRTH | PROVINCE/STATE OF BIRTH | CITY OF BIRTH

6 I am a member of Canadian First Nations, Metis or Inuit : ☐ Yes ☐ No
Please specify: ☐ First Nations (Indian status) ☐ Métis ☐ Inuit

Contact details

Personal address in Quebec

7 ADDRESS

COUNTRY: Canada | PROVINCE: Québec | CITY | POSTAL CODE

Telephone

8 COUNTRY OF THE PHONE NUMBER | PHONE NUMBER | EXTENTION

Personal e-mail address (Mandatory for the treatment of an admission application)

9 E-MAIL

Names of parents

10 FIRST PARENT ☐ Mother ☐ Father | FIRST NAME | LAST NAME AT BIRTH

SECOND PARENT ☐ Mother ☐ Father | FIRST NAME | LAST NAME AT BIRTH

ADDITIONAL INFORMATION

Legal status

11 Current legal status in Canada : ☐ Canadian citizen born in Canada ☐ Permanent resident in Canada ☐ Foreign ☐ Canadian citizen born outside Canada

Doctorate obtained

12 ACADEMIC DISCIPLINE | UNIVERSITY | DATE OBTAINED (YYYY-MM-DD)

Information on practicum (postdoctoral fellowship)

13 ACADEMIC DISCIPLINE | NAME OF PROFESSOR IN CHARGE OF SUPERVISION

FACULTY/DEPARTMENT | SPECIFY THE SESSION THAT THE FELLOWSHIP BEGINS ☐ Winter ☐ Summer ☐ Fall | BEGINNING OF FELLOW. (YYYY-MM-DD)

Identification

FIRST NAME	LAST NAME	DATE OF BIRTH (YYYY-MM-DD)

Source of funding

14 ☐ Salary paid by Université Laval

☐ Postdoctoral fellowship (please provide the fellowship award letter)

Bursary organization : _____

Amount : _____

Start date : _____

End date : _____

SIGNATURE OF PROFESSOR RESPONSIBLE FOR SUPERVISION	DATE (YYYY-MM-DD)

COLLECTION OF PERSONAL INFORMATION

15 Université Laval collects your information to **evaluate your admission application**.

All information is mandatory unless otherwise indicated.

To that end, we **exchange your information** with the Bureau de coopération interuniversitaire and with the Québec ministries responsible for education and higher education. If you accept an offer for a limited enrolment program, we will also check whether you have accepted offers for limited enrolment programs at other universities in Quebec.

We may contact you regarding your application or to invite you to respond to an offer of admission.

If you are not a Canadian citizen, we may exchange information with the following organizations to confirm your status:

- Ministère de l'Immigration et de l'Intégration (or any other Québec ministry responsible for immigration)
- Immigration, Refugees and Citizenship Canada (or any other federal department responsible for immigration)

If you receive an offer of admission, we will use your information to:

- manage your academic path
- offer you services related to your student status

For more information on the collection and disclosure of your information, visit the Registrar's Office website (in French only).

To access or correct your information, contact the Registrar's Office (contact information in French only).

To learn more about the protection of your personal information, please refer to our privacy policy.

Attestation

☐ I certify that the information I have provided is accurate, complete, and compliant, and that I have read the above conditions of use.

SIGNATURE	DATE (YYYY-MM-DD)

RESERVED FOR ADMINISTRATION

PAR (INITIALES DE L'AGENTE OU DE L'AGENT)	DATE (AAAA-MM-JJ)