

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 <input type="checkbox"/> Female <input type="checkbox"/> Male	3 MOTHER TONGUE <input type="checkbox"/> French <input type="checkbox"/> English <input type="checkbox"/> Other
		4 LANGUAGE SPOKEN AT HOME <input type="checkbox"/> French <input type="checkbox"/> English <input type="checkbox"/> Other
5 COUNTRY OF BIRTH	PROVINCE/STATE OF BIRTH	CITY OF BIRTH
6 I am a member of Canadian First Nations, Metis or Inuit : <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify: <input type="checkbox"/> First Nations (Indian status) <input type="checkbox"/> Métis <input type="checkbox"/> Inuit		

Contact details

Personal address in Quebec			
7 ADDRESS			
COUNTRY	PROVINCE/STATE	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 <input type="checkbox"/> Mother <input type="checkbox"/> Father	FIRST NAME	LAST NAME AT BIRTH
SECOND PARENT <input type="checkbox"/> Mother <input type="checkbox"/> 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)
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Information on practicum (postdoctoral training)

13 ACADEMIC DISCIPLINE	NAME OF PROFESSOR IN CHARGE OF SUPERVISION	
FACULTY/DEPARTMENT	SPECIFY THE SESSION THAT THE TRAINING BEGINS <input type="checkbox"/> Winter <input type="checkbox"/> Summer <input type="checkbox"/> Fall	BEGINNING OF TRAINING (YYYY-MM-DD)

Identification

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

14 <input type="checkbox"/> Salary paid by Université Laval	<input type="checkbox"/> 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)

NOTICE AND CONSENT

15 I pledge that the information given in this admission application is complete and accurate.

By submitting this admission application, I agree that the information mentioned in it may be used for evaluation purposes by Université Laval and kept for the time necessary for the completion of the purpose they were asked for.

I also authorize the use of this information by the University, if necessary, for the administration of my student file and the different services related to my studies, student life and community life at the University.

I also authorize Université Laval and the Québec ministry responsible of high education to pass on information necessary for:

- The evaluation of my admission request
- The creation, validation and correction, if necessary, of my permanent code.
- The calculation of the subsidy given to Université Laval and collection of statistics data, in case of a registration.

If necessary, I also authorize Université Laval and the Québec ministry responsible of immigration and the corresponding Canadian ministry to pass on necessary information for:

- The confirmation of my temporary residence status
- The confirmation of my University student status

Université Laval ensures the protection of the personal information and the confidentiality of its members. The relation between Université Laval and you is ruled by the Quebec and Canada law that apply in Québec. For more details about confidentiality of information and access requests, consult the page Confidentialité (French only) on monPortail.

Consent

By checking **I read and I agree**, you consent to the collection, use, disclosure and communication of personal information mentioned as explained above. Likewise, you declare that the personal information and documents provided on admission, as well as in any other future transaction for the purpose of validating your identity or legal status, are accurate and meet requirements.

I read and I agree

SIGNATURE

DATE (YYYY-MM-DD)

RESERVED FOR ADMINISTRATION

GROUPE	CITOYENNETÉ	STATUT AU CANADA	NI
PROGRAMME PD - POSTDOC -	SESSION D'ADMISSION	COURRIEL CONFIRMATION	
SIGNATURE BUREAU DU REGISTRAIRE			DATE (AAAA-MM-DD)