

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

<b>2</b> FIRST NAME	LAST NAME	DATE OF BIRTH (YYYY-MM-DD)
QUEBEC GOVERNMENT PERMANENT CODE	GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>3</b> MOTHER TONGUE <input type="checkbox"/> French <input type="checkbox"/> English <input type="checkbox"/> Other
<b>5</b> COUNTRY OF BIRTH	PROVINCE/STATE OF BIRTH	<b>4</b> LANGUAGE SPOKEN AT HOME <input type="checkbox"/> French <input type="checkbox"/> English <input type="checkbox"/> Other
	CITY OF BIRTH	

#### Contact details

##### Personal address

**6** ADDRESS

COUNTRY PROVINCE/STATE CITY POSTAL CODE

##### Telephone

**7** COUNTRY OF THE PHONE NUMBER PHONE NUMBER EXTENTION

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

**8** E-MAIL

#### Names of parents

<b>9</b> 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

**10** Current legal status in Canada :  Canadian citizen born in Canada  Permanent resident in Canada  Foreign  Canadian citizen born outside Canada

#### Doctorate obtained

<b>11</b> ACADEMIC DISCIPLINE	UNIVERSITY	DATE OBTAINED (YYYY-MM-DD)
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#### Information on practicum (postdoctoral training)

<b>12</b> 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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## Information on practicum (postdoctoral training)

**13** As of October 15, 2021, all students, including postdoctoral fellows, must be [adequately protected against COVID-19](#) to be able to access a health and social services institution or a research centre attached to such an institution as part of their internship or placement in Québec.

Do you need to access a health and social services institution or a research centre attached to such an institution as part of your internship or placement?

Yes  No      If applicable, name of the institution where the internship or placement will be carried out: \_\_\_\_\_

## 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)
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## 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)
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## 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)