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ADMISSION PROFILE

Personal data

1 FIRST NAME	LAST NAME	DATE OF BIRTH (YYYY-MM-DD)
CITIZENSHIP (IF DIFFERENT THAN CANADIAN)	GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male	2 MOTHER TONGUE <input type="checkbox"/> French <input type="checkbox"/> English <input type="checkbox"/> Other
		3 LANGUAGE SPOKEN AT HOME <input type="checkbox"/> French <input type="checkbox"/> English <input type="checkbox"/> Other
4 COUNTRY OF BIRTH	PROVINCE/STATE OF BIRTH	CITY OF BIRTH
5 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			
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			

Legal status

9 Current legal status in Canada : <input type="checkbox"/> Canadian citizen born in Canada <input type="checkbox"/> Permanent resident in Canada <input type="checkbox"/> Foreign <input type="checkbox"/> Canadian citizen born outside Canada

Current studies

10 EDUCATIONAL INSTITUTION	PROGRAM	EXPECTED GRADUATION DATE (YYYY-MM-DD)
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Information on practicum (training or research interns)

11 SPECIFY THE SEMESTER OF THE BEGINNING OF THE INTERNSHIP <input type="checkbox"/> Winter 20 _____ <input type="checkbox"/> Summer 20 _____ <input type="checkbox"/> Fall 20 _____	BEGINNING OF INTERNSHIP (YYYY-MM-DD)	END OF INTERNSHIP (YYYY-MM-DD)
NAME OF PROFESSOR RESPONSIBLE FOR SUPERVISION		

SIGNATURE OF PROFESSOR RESPONSIBLE FOR SUPERVISION

DATE (YYYY-MM-DD)

Identification

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

- 12** I affirm to the best of my knowledge that the information provided herein is accurate.
I agree to follow Université Laval's rules and policies for the entire duration of my internship.

STATEMENT OF OPPOSITION

- 13** I am opposed to the transmission, if applicable, of my name, mailing address, email address, phone number, date of birth, identification of my program or of my status:

- To the body responsible for publication of Université Laval's student directory on the Université Laval website.
 To Université Laval's recruiting office.
 If I am not a Quebecker student, to the Government of Canada or Quebec, to the granting agency or to accredited representatives of the government in question, for purposes of confirming my status.

SIGNATURE	DATE (YYYY-MM-DD)
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RESERVED FOR ADMINISTRATION

GROUPE	CITOYENNETÉ	STATUT AU CANADA	NI
PROGRAMME EV-SV-STFR	SESSION D'ADMISSION	COURRIEL CONFIRMATION	
SIGNATURE BUREAU DU REGISTRAIRE			DATE (AAAA-MM-JJ)