

IDENTIFICATION

Last name

First name

Date of birth

yyyy

mm

dd

Source of funding:

Salary paid by Université Laval

Salary paid by another employer in contact with Université Laval

Postdoctoral fellowship (please provide the fellowship award letter)

Bursary organization : _____

Amount : _____

Start date : _____

End date : _____

- I affirm to the best of my knowledge that the information provided herein is correct.
- I authorize , I do not authorize the schools that I attended and the ministère de l'Éducation et de l'Enseignement supérieur (Quebec department of education) to send the Université, through the Bureau de coopération interuniversitaire, transcripts necessary to assess my file and to provide data for compilation of statistics. I authorize the ministère de l'Éducation et de l'Enseignement supérieur to send the Université information to validate my permanent code and to correct it, if applicable.
- I agree to follow Université Laval's rules for the entire duration of my training

You must read the *Statement of opposition*. Anyone who wishes to object to the *statement of opposition* must complete and attach this statement to the admission application. Please find the *Statement of opposition* under the following link : www.ulaval.ca/declaration-opposition

Signature required

Date

yyyy

mm

dd

SIGNATURE OF PROFESSOR RESPONSIBLE FOR SUPERVISION

RESERVED FOR ADMINISTRATION

Date

Professor responsible for supervision

Date

Registrar's Office