

1. IDENTIFICATION OF STUDENT

Last name		First name	
Address – no., street, city, province, postal code			
Phone (home)		Phone (work)	
Date of birth		Place of birth (province, country)	
<input type="text"/> yyyy <input type="text"/> mm <input type="text"/> dd		Email address	
Fax			

Status in Canada <input type="checkbox"/> 1. Canadian citizen <input type="checkbox"/> 2. Permanent resident <input type="checkbox"/> 3. Work permit	Citizenship (if different than Canadian) <input type="text"/>	Mother tongue <input type="checkbox"/> French <input type="checkbox"/> English <input type="checkbox"/> Other	Working language <input type="checkbox"/> French <input type="checkbox"/> English <input type="checkbox"/> Other	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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Have you already attended Université Laval? Yes No If yes, indicate your student ID number

CURRENT STUDIES

Educational institution	Program	Expected graduation date
<input type="text"/>	<input type="text"/>	<input type="text"/> yyyy <input type="text"/> mm <input type="text"/> dd

2. INTERNSHIP SCHEDULE

Winter 20 ____ Summer 20 ____ Fall 20 ____

Beginning of internship <input type="text"/> yyyy <input type="text"/> mm <input type="text"/> jj	End of internship <input type="text"/> yyyy <input type="text"/> mm <input type="text"/> jj	Name of professor responsible for supervision <input type="text"/>
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FOR ADMINISTRATION

<input type="checkbox"/> EV-SV	Programme Stage de recherche (STRE)	Majeure	Cours <input type="checkbox"/> xxx-9881	Numéro d'identification études (NI)	Citoyenneté	Groupe	Université
				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. PERSONAL COMMITMENT

- 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.

4. STATEMENT OF OPPOSITION

- 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 required	Date
<input type="text"/>	<input type="text"/> yyyy <input type="text"/> mm <input type="text"/> dd

RESERVED FOR ADMINISTRATION

Date _____ Registrar's Office _____