

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)

COLLECTION OF PERSONAL INFORMATION

15 Université Laval collects your information to **evaluate your admission application**.

All information is mandatory unless otherwise indicated.

To that end, we **exchange your information** with the Bureau de coopération interuniversitaire and the Ministère de l'Enseignement supérieur (or any other Québec ministry responsible for higher education). If you accept an offer for a limited enrolment program, we will also check whether you have accepted offers for limited enrolment programs at other universities in Quebec.

We may contact you regarding your application or to invite you to respond to an offer of admission.

If you are not a Canadian citizen, we may exchange information with the following organizations to confirm your status:

- Ministère de l'Immigration, de la Francisation et de l'Intégration (or any other Québec ministry responsible for immigration)
- Immigration, Refugees and Citizenship Canada (or any other federal department responsible for immigration)

If you receive an offer of admission, we will use your information to:

- manage your academic path
- offer you services related to your student status

For more information on the collection and disclosure of your information, visit the [Registrar's Office website](#) (in French only).

To access or correct your information, contact the [Registrar's Office](#) (contact information in French only).

To learn more about the protection of your personal information, please refer to our [privacy policy](#).

Attestation

I certify that the information I have provided is accurate, complete, and compliant, and that I have read the above conditions of use.

SIGNATURE

DATE (YYYY-MM-DD)

RESERVED FOR ADMINISTRATION

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