

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
<b>6</b> 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

<b>Personal address in Quebec</b>			
<b>7</b> ADDRESS			
COUNTRY	PROVINCE	CITY	POSTAL CODE
<b>Telephone</b>			
<b>8</b> COUNTRY OF THE PHONE NUMBER	PHONE NUMBER	EXTENTION	
<b>Personal e-mail address (Mandatory for the treatment of an admission application)</b>			
<b>9</b> E-MAIL			

#### Names of parents

<b>10</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

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

#### Doctorate obtained

<b>12</b> ACADEMIC DISCIPLINE	UNIVERSITY	DATE OBTAINED (YYYY-MM-DD)
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#### Information on practicum (postdoctoral training)

<b>13</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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## Source of funding

<b>14</b> <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 with the Québec ministries responsible for education and 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

PAR (INITIALES DE L'AGENTE OU DE L'AGENT)	DATE (AAAA-MM-JJ)
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