



Section to be completed by the Fellow

Faculty: _____ Department: _____

_____ Student n° _____ Employee n° _____ MELS Permanent code _____

Sociological Information

Date of birth _____ / _____ / _____ Year Month Date
Canadian Social Insurance Number (optional) _____ / _____ / _____

Surname at birth: _____

Given name at birth: _____

City and country of birth: _____

Mother's surname and given name: _____

Father's name and given name: _____

Address in Quebec

N°, Street, apart.: _____

Municipality : _____ Postal code: _____

Telephones: Home: _____ Work: _____ Other: _____

Fax: _____ Email: _____

Permanent address

N°, Street, apart.: _____

Municipality: _____ Province / State: _____

Postal code: _____ Country: _____

Languages

Mother tongue: French English Other (please specify): _____

Language spoken most often at home: French English Other (please specify): _____

Status in Canada

Canadian citizen Permanent resident (you must present your permanent resident card of the IMM-1000 form from Citizenship and Immigration (Canada))

Other country Other (residence) permit

Country of citizenship: _____

| CODE | | |
|------|--|--|
| | | |

ACADEMIC MANAGEMENT INFORMATION

Granting of the doctorate

Year: _____ Institution: _____ Country: _____

Program: _____

ADMISSION WITH PROVISIONAL STATUS: Only for doctoral students at the Université de Sherbrooke

Date of the initial submission of the thesis: _____ Trimester planned for obtaining the doctorate: _____

Director of research: _____

¹ This form may be modified by the University Executive Committee.

Location and duration of the postdoctoral fellowship

Name of laboratory, centre of research group, hospital, etc. _____

Start date _____ / _____ / _____
 Year Month Day

End date _____ / _____ / _____
 Year Month Day

Financing

| Funding source | Identification of the source | Annual amount |
|---|--|---------------|
| <input type="checkbox"/> Scholarship from an outside organization | _____ | _____ |
| <input type="checkbox"/> Scholarship paid from a research grant | _____ | _____ |
| <input type="checkbox"/> Scholarship from another source | _____ | _____ |
| <input type="checkbox"/> No financing | Attach the letter of explanation and the decision of the Vice-President in charge of research. | |

Period covered by the scholarship: from _____ / _____ / _____ to _____ / _____ / _____
 Year Month Day Year Month Day

Participation foreseen in teaching and/or supporting other graduate-level students: Yes No

I declare that I have read the information contained in this form and more particularly the section which pertains to the protection of personal information. I affirm that to the best of my knowledge, the information provided above and in the attached documents is accurate and complete. I authorize the educational institutions which I attended as well as the Ministère de l'Éducation et de l'Enseignement supérieur (MEES) to transmit, via the Bureau de la coopération interuniversitaire (BCI), my school/academic records to the Université de Sherbrooke. I also authorize the Université de Sherbrooke to transmit to the BCI the information needed to manage admissions and to produce statistics which may require data linkage between institutional files. I authorize that the information necessary to manage admissions to the institution attended, as well as the citizenship-related information required to establish my tuition fees, may be verified for approval by the MEES. I acknowledge that the Université de Sherbrooke will transmit the necessary information for the creation and validation of the MEES permanent code pursuant to an agreement authorized by the Commission d'accès à l'information. I also acknowledge that pursuant to the federal law on statistics, the Université de Sherbrooke will transmit to Statistics Canada the information necessary for the production of statistical data. I also declare that I have read the Université de Sherbrooke's Policy for hosting and supporting postdoctoral fellow (Policy 2500-005).

 Signature of the Fellow

 Date

To be signed in three (3) copies, one for the Fellow, one for the professor responsible for the fellowship, and one for the faculty.

Section to be completed by the professor responsible for the postdoctoral fellowship

Professor responsible for the fellowship:

 Surname

 Given name

 Signature of the professor responsible for the postdoctoral fellowship

 Date

Section to be completed by the faculty

Program code: _____ / _____ / _____ / _____ / _____ / _____ Decision : _____ / _____ / _____

I consider that _____ has the qualifications required to be a Fellow and that the material resources required to permit him/her to be successful in the research work ahead are available. I therefore recommend his/her admission and enrolment as a Fellow in the following activities:

Trimester _____ STP _____ Trimester _____ STP _____ Trimester _____ STP _____

Depending on the situation, the grounds for refusal: _____

 Signature of the Vice-Dean, Research

 Date

APPENDED DOCUMENTS (only supply these documents during the first enrolment)

- Birth certificate (with identification, surname and given name of father or mother). In the event that a birth certificate cannot be presented, a copy of the current passport will be accepted.
- Doctoral diploma for persons who did not obtain their doctorate at the Université de Sherbrooke
- Copy of work permit if you do not have Canadian citizenship or if you are not a permanent resident
- Photocopy of your health insurance card, proof that you belong to a collective health insurance plan

PROTECTION OF PERSONAL INFORMATION

Except for any indication to the contrary, the information gathered on the occasion of your request for admission is mandatory. Anyone who refuses to supply this information may be admitted to the Université de Sherbrooke.

The *Act respecting Access to documents held by public bodies and the Protection of personal information* (R.S.Q., c. A.-2.1) protects the confidentiality of the nominative information that you must provide to the University as well as the information that will be put in your file afterwards. This information will be used to manage your file and your participation in various University structures. Only staff authorized to manage student files and records have access to this information.

You may obtain the right to access your file from the Office of the Registrar and rectify information that concerns you, if needed. **Only a candidate who has submitted a request for admission has access to the information concerning his or her file.**

Communication of nominative information

The Université de Sherbrooke will transmit the necessary information for the creation and validation of the permanent code assigned by the ministry responsible for higher education, pursuant to an agreement authorized by the commission for access to information. Also, the University will supply your address, telephone number, program or status identity to organizations or persons who request them, for the following specific reasons:

- to a student association recognized by the University, for the purposes of allowing such an association to communicate with you;
- to the Ministry of Citizenship and Immigration of Canada, for the purpose of fellowship services and placement;
- to the educational institution you attended, for statistical purposes;
- to a professional corporation or organization, to potentially register with this corporation or organization;
- to an alumni(ae) association representing the graduates of the Université de Sherbrooke, for purposes relating to social and other networking events, reunions, service proposals and so on;
- to the Université de Sherbrooke foundation for the purposes of communication and outreach;
- in the case of non-Quebec students, to the government of Quebec, the organization which funds you or the accredited representatives of the government, for the purpose of confirming your status;
- to a financial aid organization, for the purpose of identifying candidates for a potential granting of a scholarship or for confirmation of your student status;

You may however oppose the transfer of nominative information that concerns you by signing the following declaration.

Act respecting Access to documents held by public bodies and the Protection of personal information

I refuse that the nominative information that the Université de Sherbrooke has about me be sent to persons or organizations which might request it, a list of which appears above, at the end of the last paragraph of the *Communication of nominative information* section of this application form for admission.

Signature

Date