

Please save this form on your computer and then complete it with Acrobat Reader. Do not complete directly in your browser.

ADMISSION PROFILE

Personal data

1 FIRST NAME	LAST NAME	DATE OF BIRTH (YYYY-MM-DD)
CITIZENSHIP (IF DIFFERENT THAN CANADIAN)	GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male	2 MOTHER TONGUE <input type="checkbox"/> French <input type="checkbox"/> English <input type="checkbox"/> Other
4 COUNTRY OF BIRTH	PROVINCE/STATE OF BIRTH	3 LANGUAGE SPOKEN AT HOME <input type="checkbox"/> French <input type="checkbox"/> English <input type="checkbox"/> Other
5 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			
6 ADDRESS			
COUNTRY	PROVINCE/STATE	CITY	POSTAL CODE
Telephone			
7 COUNTRY OF THE PHONE NUMBER	PHONE NUMBER	EXTENTION	
Personal e-mail address (Mandatory for the treatment of an admission application)			
8 E-MAIL			

Legal status

9 Current legal status in Canada : <input type="checkbox"/> Canadian citizen born in Canada <input type="checkbox"/> Permanent resident in Canada <input type="checkbox"/> Foreign <input type="checkbox"/> Canadian citizen born outside Canada

Current studies

10 EDUCATIONAL INSTITUTION	PROGRAM	EXPECTED GRADUATION DATE (YYYY-MM-DD)
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Information on practicum (training or research interns)

11 SPECIFY THE SEMESTER OF THE BEGINNING OF THE INTERNSHIP <input type="checkbox"/> Winter 20 _____ <input type="checkbox"/> Summer 20 _____ <input type="checkbox"/> Fall 20 _____	BEGINNING OF INTERNSHIP (YYYY-MM-DD)	END OF INTERNSHIP (YYYY-MM-DD)
NAME OF PROFESSOR RESPONSIBLE FOR SUPERVISION		

SIGNATURE OF PROFESSOR RESPONSIBLE FOR SUPERVISION

DATE (YYYY-MM-DD)

Identification

FIRST NAME	LAST NAME	DATE OF BIRTH (YYYY-MM-DD)
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COLLECTION OF PERSONAL DATA

12 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)
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RESERVED FOR ADMINISTRATION

GROUPE	CITOYENNETÉ	STATUT AU CANADA	NI
PROGRAMME EV-SV-STFR	SESSION D'ADMISSION	COURRIEL CONFIRMATION	
SIGNATURE BUREAU DU REGISTRAIRE			DATE (AAAA-MM-JJ)