

APPLICATION FORM
(to be completed with the help of your supervisor)

GENERAL INFORMATION			
FAMILY NAME		NAME(S)	
TELEPHONE NUMBER		E-MAIL	
CITIZENSHIP	CANADIAN	PERMANENT RESIDENT	OTHER (SPECIFY)
RESEARCH SUPERVISOR'S NAME			
RESEARCH SUPERVISOR'S INSTITUTION AND E-MAIL ADDRESS			
CO-SUPERVISOR(S)'S NAME, IF APPLICABLE			
SUPERVISOR(S)'S INSTITUTION AND E-MAIL ADDRESS, IF APPLICABLE			
ACADEMIC			
LEVEL OF EDUCATION		STUDY PROGRAM	
M.Sc		NUMBER OF COMPLETED TRIMESTERS	
Ph.D.		START DATE	SCHEDULED END DATE

TITLE AND BRIEF DESCRIPTION OF THE RESEARCH PROJECT, LINKS BETWEEN THE PROJECT AND THE RESEARCH PROJECT AND THE RESEARCH PROGRAM OF THE RESEARCH GROUP (Max. 1/2 page - 2300 CHARACTERS TIMES 12 PTS)

SIGNATURE OF STUDENT

DATE

SIGNATURE OF RESEARCH SUPERVISOR

DATE

The application form (to be completed with the help of the director) must be submitted to Josée Labrie: josee.labrie@umontreal.ca

For further information, please contact Josée Labrie at josee.labrie@umontreal.ca or 450.773.8521, ext. 8619.

**FINANCIAL SUPPORT AVAILABLE AT ALL TIMES,
SUBJECT TO FUNDING AVAILABILITY**