

In order to help you navigate the online admission form available in French only, Institut national de la recherche scientifique (INRS) has made a static PDF form available with information in English.

YOU MUST FILL OUT THE ONLINE ADMISSION FORM. THE ENGLISH STATIC PDF FORM FILLED OUT BY HAND OR BY ANY OTHER MEANS IS NOT ADMISSIBLE.

You may fill out the online admission form in English even though it is only available in French.

Personal information

Last name	<input type="text"/>	First name	<input type="text"/>
Sex	<input type="radio"/> Female <input type="radio"/> Male	Canadian social security number	<input type="text"/>
Date of birth	<input type="text"/>	Ministry permanent code (?)	<input type="text"/>
Native language	<input checked="" type="radio"/> French <input type="radio"/> English <input type="radio"/> Other	Working language	<input checked="" type="radio"/> French <input type="radio"/> English <input type="radio"/> Other
Father's last name	<input type="text"/>	Father's first name	<input type="text"/>
Mother's maiden name	<input type="text"/>	Mother's first name	<input type="text"/>
Legal status in Canada	<input type="text"/>		
Citizenship	<input type="text"/>		

Place of birth

<input type="radio"/> I was born in Québec	Town or city	<input type="text"/>
<input type="radio"/> I was born in Canada (outside Québec)	Province/State (?)	<input type="text"/>
<input type="radio"/> I was born outside Canada	Country	<input type="text"/>

Contact information

Address	<input type="text"/>	Postal code	<input type="text"/>
City	<input type="text"/>	Telephone 1	<input type="text"/>
Country	<input type="text"/>	Telephone 2	<input type="text"/>
Province/state	<input type="text"/>		

Email

Personal email

Basis for admission

If you are applying as an independent student, you must provide the name of the most recent program of study completed (degree earned) and not the name of your current program of study.

For postdoctoral fellows, please only provide information about your doctoral studies.

Program of study	<input type="text"/>	Degree status	<input type="text"/>
Institution	<input type="text"/>	Date awarded (?)	<input type="text"/>
Country of institution	<input type="text"/>	Cumulative average	<input type="text"/> out of <input type="text"/>

Previous applications

Have you ever applied to or taken classes at INRS?

Admission request



See list of active programs

Program

Postdoctoral Fellowship in Energy Science and Materials – 3341

Intended term

About the fellowship

Fellowship director

Centre

Start date



End date



Documents

Documents in a language other than French or English must be translated by a certified translator.

Birth certificate

You cannot use your passport instead of a birth certificate.

Parcourir... No file selected.

Degree or defence certificate

Please attach a copy of your degree or defence certificate.

Parcourir... No file selected. Description

[Add a degree or defence certificate](#)

Work permit

If you are a foreign student and already have your work permit, please attach a copy.

Parcourir...

No file selected.

Proof of health insurance

If you are a foreign student, please attach proof that you have private health insurance or a copy of your Québec health insurance card.

No file selected.

Proof of Canadian citizenship

If you are a Canadian citizen but were born outside Canada, please provide proof of Canadian citizenship.

No file selected.

Permanent resident

Parcourir... If you are a permanent resident of Canada, please provide a copy of your permanent resident card (front and back).

No file selected.

Parcourir... Description

Please attach withholding forms for income tax (federal and provincial)

Withholding

Parcourir...

No file selected.

[Add a withholding form](#)

Void cheque

Parcourir... No file selected. Description

You may attach more documents. For example, if you did not attend a French-language university, proof that you have passed the Test de français international (TFI), the Test of English as a Foreign Language (TOEFL), etc.

Other relevant documents

No file selected.

[Add more documents](#)

Consent

By checking the boxes on this form, I declare that the personal information provided above is accurate and I authorize INRS to enter the information in my student record and in the records held by the Human Resources Department for use by those authorized to access such information at INRS, when necessary to carry out their duties in compliance with the Act respecting Access to Documents Held by Public Bodies and the Protection of Personal Information.

I authorize INRS to share any or all of my personal information with the following third parties for the purposes stated below. The consent provided for in subparagraphs A to I is a registration prerequisite at INRS as it may be required by

- A. a government ministry or agency (including the Québec government ministry responsible for higher education, for the purpose of establishing and modifying my permanent code, releasing my transcripts for statistical purposes, and/or complying with education laws), for the purposes of complying with laws, exercising their powers, and implementing programs they manage (including programs for student loans and scholarships);
- B. Université du Québec, for the purpose of issuing my final diploma or for statistical purposes;
- C. an insurer (in the case of foreign students), for implementing and managing the group insurance plans I must sign up for;
- D. a granting agency or any private company providing funds for a research project, to establish my eligibility for or participation in a funding program for said project;
- E. a professional order, to establish that I am eligible to practice said profession;
- F. Bureau de Coopération interuniversitaire ("BCI"), formerly the Conference of Rectors and Principals of Quebec Universities ("CREPUQ"), for statistical purposes;
- G. a student association, for the purpose of contacting me;
- H. The Quebec Student Health Alliance (ASEQ) or any student group created for the purpose of joining group insurance plans or with any insurer, for the purpose of implementing and managing group insurance plans I am eligible for;
- I. the Armand-Frappier Foundation of INRS, for the purpose of contacting me; J. INRS researchers, for the purpose of conducting research.

INRS would like to send you information about courses and workshops, as well as special offers from INRS business partners. We need your permission to share these offers with you.

- K. By checking the box, I agree to receive marketing emails from INRS about special offers from its business partners.

By submitting my application, I provide my consent. I can withdraw my consent at any time by completing the form available from the Graduate and Postdoctoral Studies Department (SESP). For more information, contact SESP at INRS, 490 rue de la Couronne, Québec City, Québec G1K 9A9 or send an email to registrariat@inrs.ca. ([English](#))

[Permanent link](#)