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.

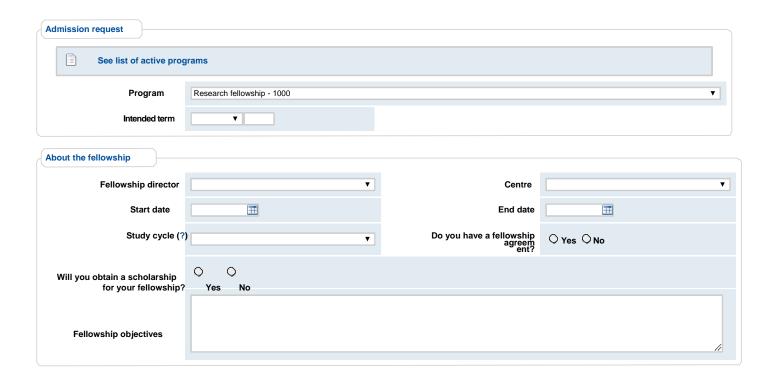
YOU MUST FILL OUT THE ONLINE ADMISSION FORM. THE ENGLISH STATIC PDF FORM FILLED OUT BY HAND OR BY ANY OTHER MEANS IS NOT ADMISSIBLE.

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



## **Admission Application**

Personal information						
Last na	ame			First nam	е	
Sex Female Male		Canadian	social security number			
Date of birth	<b>=</b>		Ministry p	ermanent code		
Native language	Native language    French   English   Other		Working language <b>●</b> French English Other			
Father's last name		Fa	ther's first name			
Mother's maiden name			Moth	er's first name		
Legal status in Canada						
Citizenship						
Diago of birds						
Place of birth						
0	I was born in Québec		Town o	or city		
0	I was born in Canada (outside Québec)		Province/State (?)			
0	I was born outside Canada		Country	,		
Contact information						
Address				Postal code		
City				Telephone 1		
Countr	у			Telephone 2		
Province/state						
Email						
Personal email						
Basis for admission						
name of your current program	pendent student, you must provi of study. se only provide information abo			gram of study co	mpleted (degree earned) and not	the
Program of study			De	egree status		
Institution			Date a	warded (?)		
Country of institution			Cumula	ative average	out of	
Previous applications						
Have you ever applied to or taken classes at INRS?						



uments	
	er than English or French must be translated by a certified translator.
Proof of enrollment or admission application	Select a file No file selected
Work permit	If you are a foreign student and already have your work permit, please attach a copy.  Select a file 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 Quebec health insurance card.
Proof of Canadian citizenship	Select a file No file selected  If you are a Canadian citizen but were born outside Canada, please provide proof of Canadian citizenship.
Permanent resident	Select a file No file selected  If you are a permanent resident of Canada, please provide a copy of your permanent resident card (front and back).  Select a file No file selected
Void cheque	Please attach a voided cheque if your fellowship is paid or if INRS is giving you a scholarship.  Select a file No file selected
Other relevant documents	Select a file No file selected Description

Add more documents

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 fo<u>r in subparagraphs A to I is a registration prerequisite at INRS as it may be required by</u>

- a government ministry or agency (including the Quebec 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,
- A. 

  A. 

  The 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;
- an insurer (in the case of foreign students), for implementing and managing the group insurance plans I must sign up for;
- a granting agency or any private company providing funds for a research

  D. 

  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 practise said profession;
- F. Pincpals of Quebet Universities ("CREPUC"), for merly the Conference of Rectors and Principals of Quebet Universities ("CREPUC"), for statistical purposes;
- G. a student association, for the purpose of contacting me;
- 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.  $_{\ensuremath{\bigcirc}\xspace}$  the Armand-Frappier Foundation, for the purpose of contacting me;
- J.  $\square$  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.

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, Quebec City, Quebec, G1K 9A9, or email registrariat@inrs.ca. (English)

## INRS Code of Ethics

I declare having read, understood, and agreed to the INRS Code of Ethics.

No snapshot available

