

IDENTIFICATION

_____	_____	Mrs. <input type="radio"/>	Mr. <input type="radio"/>
Name	Surname (last name)		
Program Studies :	_____		
University :	_____		
Address :	_____		
	_____		
E-mail :	_____		
Expected start date of introduction to research project :	_____ / _____ year / month	End of project :	_____ / _____ year / month
Research Director :	_____		
Department / Division name :	_____		

TITLE OF INTRODUCTION TO RESEARCH PROJECT (must be submitted in French)

Please send the following supporting documents with presentation form :

- a photocopy of a valid Québec medical insurance card or any other document which proves Québec residency within the meaning of the *Health Insurance Act and the Regulation respecting eligibility and registration of persons in respect of the Régie de l'assurance maladie du Québec* and the attendant regulations (a card with an expiry date prior to November of the current year);
- an attestation from the university registrar indication the full-time sessions completed;
- for permanent residents, a certified true copy of Canadian immigration papers (Form IMM 1000, IMM 5292 or a permanent resident document) authenticated by a commissioner for oaths or any other person authorized to do so, or a certified true copy of the original of the Canadian permanent resident card;
- for Canadian citizens born outside of Canada, a certified true copy of the original of the document proving Canadian citizenship.

**DESCRIPTION OF RESEARCH PROJECT** (maximum one-half page)

Description of research project, location and if necessary, the granting agency (Does the project comply within the framework of a project financed by a granting agency?).

**EXPECTED ROLES AND TASKS OF GRANT HOLDER** (maximum one-half page).