



SUMMER INTERNSHIP PROGRAM

Introduction to Biomedical Research

At the Sainte-Justine University Hospital Research Center

REGISTRATION FORM

Contact information

Last name		First name			
N°	Street	App.	City	Province	Postal code
Phone number		Email			

Personal information

Gender <input type="checkbox"/> F <input type="checkbox"/> M		Date of birth (DD-MM-YYYY)			
Residency status in Canada <input type="checkbox"/> Canadian citizen <input type="checkbox"/> Permanent resident <input type="checkbox"/> Study permit <input type="checkbox"/> Work permit		Language skills French: <input type="checkbox"/> Spoken <input type="checkbox"/> Written <input type="checkbox"/> Read English: <input type="checkbox"/> Spoken <input type="checkbox"/> Written <input type="checkbox"/> Read Other, specify:			

Education

Name of educational institution		Educational level			
Study programme		Expected Graduation Date (DD-MM-YYYY)			
Number of completed semesters (when starting the internship)	Cumulative grade average of current study program _____ / _____	Do you hold a scholarship from another organization for this internship? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending			

How did you hear about the Biomedical Research initiation internship program?

CHOICES OF INTERNSHIPS

After consulting the internship program bank, please indicate **in order of preferences**, three choices of internship (indicate the number and the name of the researcher only). If you already have a training agreement with one of our researcher, please indicate the name of the researcher in the space provided

1 st internship choice (#, Name of researcher)	2 nd internship choice (#, Name of researcher)	3 rd internship choice (#, Name of researcher)
I already have an internship agreement in the laboratory of : _____		