



Université d'Ottawa | University of Ottawa

Vice-rectorat à la recherche | Office of Vice-President, Research

Bureau de la recherche au 1^{er} cycle | Office of Undergraduate Research
550 rue Cumberland St. Ottawa, ON K1N 6N5 Canada

VISITING STUDENT RESEARCHER APPLICATION FORM

This form must be completed in full and obtained at least 6 weeks in advance of enrollment as a Visiting Student Researcher at the University of Ottawa.

A) Information about the student-applicant for the visiting student researcher program

Family Name (as it appears on passport):

Given Name(s) (as it appears on passport):

Date of Birth [YYYY-MM-DD]:

Sex:

Do you have Canadian Permanent Residency or Citizenship? Yes No

If no (or you have dual citizenship), what is your citizenship:

Passport Number:

Current Mailing Address:

Permanent Address:

Telephone Number:

Email Address (university-affiliated address preferred):

B) Information about studies in progress at home institution

Name of Home Institution:

Academic Faculty/Department:

Supervisor:

City and Country:

Degree being pursued: Secondary School Bachelor Master PhD

Degree title:

C) Details about the host supervisor and research project at the University of Ottawa

University of Ottawa Supervisor:

University of Ottawa Academic Faculty and Department of Supervisor:

Is there a mobility exchange program in place between your home institution and the University of Ottawa? Yes No

Is there a research collaboration between your home supervisor and University of Ottawa supervisor?
 Yes No

What is your source of funding?

 If University of Ottawa, by whom (full name):

 If other, please explain:

Start date of program [YYYY-MM-DD]:

End date of program [YYYY-MM-DD]:

Description of the purpose of the research visit (how it relates to your program of study at your home institution):

Title of research project/thesis/dissertation:

Description of research project objectives:

Student Agreement: I hereby accept and agree to abide by the statutes, rules and regulation of the University of Ottawa while attending as a Visiting Student Researcher.

Applicant Signature

Date [YYYY-MM-DD]:

Authorization Signatures: This form will not be processed without the two signatures below. By signing this form, the home supervisor (or liaison officer, where applicable) and University of Ottawa supervisor hereby confirm that the student-applicant is in good academic standing and registered full-time in a degree program at the undergraduate or graduate level elsewhere in Canada or abroad, and has permission to enroll as a Visiting Student Researcher at the University of Ottawa during the time period identified above.

Home Institution: Research Supervisor (or Liaison Officer)

Full Name:

Signature:

Date [YYYY-MM-DD]:

University of Ottawa: Research Supervisor

Full Name:

Signature:

Date [YYYY-MM-DD]: